

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000090271

1. Entity Name

DIVERSIFIED ALUMINUM SERVICE, INC.

FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90057 006 ***150.00

Principal Place of Business

Mailing Address

7376 W. 20TH AVE., #145
HIALEAH FL 33016

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HIALEAH FL 33016

2. Principal Place of Business

3. Mailing Address

7376 W. 20th Av.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

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DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0976126

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MAIER, GERALD R
7376 W. 20TH AVE., #145
HIALEAH FL 33016

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME TARANTINO, NICK
STREET ADDRESS 7376 W. 20TH AVE., #145
CITY-ST-ZIP HIALEAH FL 33016 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VS
NAME MAIER, GERALD
STREET ADDRESS 7376 W. 20TH AVE., #145
CITY-ST-ZIP HIALEAH FL 33016 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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NAME
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CITY-ST-ZIP ☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GERALD R. MAIER

18 JAN 01

305/8226685

Date

Daytime Phone #

CR2E034 (10/00)

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