

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 31, 2003 8:00 am**  
**Secretary of State**

03-31-2003 90853 001 \*\*\*150.00  
03-31-2003 90853 002 \*\*\*\*\*8.75

DOCUMENT # P99000103001

1. Entity Name  
AZTEC ALUMINUM, INC.



Principal Place of Business  
4409 POINSETTA STREET  
FORT MYERS FL 33905

Mailing Address  
4409 POINSETTA STREET  
FORT MYERS FL 33905

2. Principal Place of Business

4409 Poinsetta St.

3. Mailing Address

4409 Poinsetta St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT Myers Fla

City & State

FT Myers Fla

Zip

Country

33905

Zip

Country

33905

4. FEI Number 65-0968214

Applied For  
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

PEREZ, RICARDO  
4409 POINSETTA STREET  
FORT MYERS FL 33905

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!!-FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D  
NAME PEREZ, RICARDO  
STREET ADDRESS 4409 POINSETTA STREET  
CITY-ST-ZIP FORT MYERS FL 33905

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/26/03

CR2E034 (10/02)