

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 07, 2001 8:00 am**  
**Secretary of State**

05-07-2001 90010 043 \*\*\*150.00

**DOCUMENT # P94000017256**

1. Entity Name  
**ALUFAB HURRICANE SHUTTERS, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>2350 ALI BABA AVE OPA LOCKA FL 33054 US</b>	Mailing Address <b>2341 ALI BABA AVE OPA LOCKA FL 33054 US</b>
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2. Principal Place of Business <b>13000 N.W. 38<sup>th</sup> AVE.</b>	3. Mailing Address <b>13000 N.W. 38<sup>th</sup> AVE.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>OPA LOCKA, FL. 33054</b>	City & State <b>OPA LOCKA, FL.</b>
Zip <b>33054</b>	Zip <b>33054</b>
Country <b>U.S.</b>	Country <b>U.S.</b>

4. FEI Number <b>65-0489240</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**ANDRADE, RICHARD D  
 2341 ALI BABA AVE  
 OPALOCKA FL 33054**

7. Name and Address of New Registered Agent  
 Name **RICHARD D. ANDRADE**  
 Street Address (P.O. Box Number is Not Acceptable)  
**13000 NW 38<sup>th</sup> AVE**  
 City **OPALOCKA** FL Zip Code **33054**

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 *Richard D. Andrade* **RICHARD D. ANDRADE** 4/23/01,  
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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD ANDRADE, ROBERT A 2359 NW 97 LANE CORAL SPRINGS FL 33065</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD ANDRADE, RICHARD D 5210 NW 75 AVENUE LAUDERHILL FL 33139</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD ANDRADE, ROBERT A. 1553 N.W. 102<sup>ND</sup> DRIVE CORAL SPRINGS, FL. 33071</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD ANDRADE, RICHARD D. 4812 N.W. 66<sup>th</sup> AVENUE FT. LAUDERDALE, FL. 33319</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Robert Andrade* **ROBERT ANDRADE** 4/23/01 3056814701  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)