

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91155 032 ***150.00

UNIFORM UBR

DOCUMENT # P94000017256

1. Entity Name
ALUFAB HURRICANE SHUTTERS, INC.



Principal Place of Business 1300 NW 38TH AVE OPA LOCKA FL 33054 US	Mailing Address 1300 NW 38TH AVE OPA LOCKA FL 33054 US
--	--



2. Principal Place of Business 13000 NW 38th Ave Suite, Apt. #, etc.	3. Mailing Address 13000 NW 38th Ave Suite, Apt. #, etc.
---	---

CHECK HERE IF MAKING CHANGES

City & State OPA LOCKA FL	City & State OPA LOCKA FL	4. FEI Number 65-0489540	Applied For <input type="checkbox"/>
Zip 33054	Country USA	Zip 33054	Country USA

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
--

6. Name and Address of Current Registered Agent

**ANDRADE, RICHARD D
1300 NW 38TH AVE
OPALOCKA FL 33054**

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 _____ (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 PD	<input type="checkbox"/> Delete
NAME ANDRADE, ROBERT A	
STREET ADDRESS 1553 NW 102ND DR	
CITY-ST-ZIP CORAL SPRINGS FL 33071	
TITLE VD	<input type="checkbox"/> Delete
NAME ANDRADE, RICHARD D	
STREET ADDRESS 4812 NW 60TH AVE	
CITY-ST-ZIP FORT LAUDERDALE FL 33319	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Richard D Andrade* SIGNATURE REQUIRED 4/29/03 (305) 681-4701
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)