

AMENDED

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

00 OCT 13 PM 2:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 382504

1. Entity Name

PINO'S WINDOW CORPORATION

Principal Place of Business 6860 NW 75 Street Medley, Florida 33166	Mailing Address 6860 NW 75 Street Medley, Florida 33166
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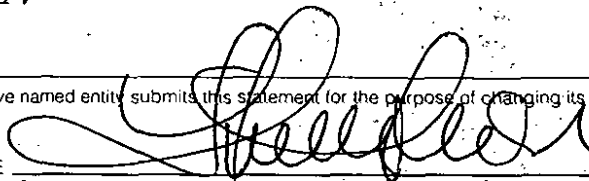
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address 2450 SW 137 Avenue Suite, Apt. #, etc. 226 City & State Miami, Florida Zip 33175	Country USA
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DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1353507	Applied Not Applied
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent Leopoldo Pino 6860 NW 75 Street Medley, Florida 33166	7. Name and Address of New Registered Agent Name A&P Registered AGent, INC. Street Address (P.O. Box Number is Not Acceptable) 2450 SW 137 Avenue Suite 226 City MIami FL Zip Code 33175
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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:  President DATE: 4/27/00

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing, Trust Fund Contribution. \$5.00 may Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT Pino, Leopoldo 6860 NW 75 Street Medley, Florida 33166 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, T Pino, Mario 3 Circle Drive Hialeah, Florida 33010 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Pino, Mario 3 Circle Drive Hialeah, Florida 33010 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800003424818-3 -10/16/00-01004-003 ****150.00 ****150.00 \$61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.04, Fla. Statutes. I further certify that the information indicated on this report or statement is true and accurate and that my signature shall have the same legal effect as if I were under oath that I am an officer or director of the corporation or the registered agent of the corporation and that I am not a partner, proprietor, partner, or proprietor in any other business, partnership, or firm, and that I have not changed, or on an attachment with relation to, any other like employment.

SIGNATURE:  04/27/00 (30) 88-994

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR