

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 14, 2000 8:00 am
Secretary of State

01-14-2000 90011 031 ***158.75

DOCUMENT # 631037

1. Entity Name

CONTINENTAL WINDOWS AND GLASS, INC.

Principal Place of Business

Mailing Address

4653 L. B. MCLEOD ROAD, SUITE A
 ORLANDO FL 32811

4653 L. B. MCLEOD ROAD, SUITE A
 ORLANDO FL 32811-5603

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1962524

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MIRANDA, EDMUND A
 4653 L. B. MCLEOD ROAD, SUITE A
 ORLANDO FL 32811

7. Name and Address of New Registered Agent

Name *Miranda, John*

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

4653 L.B. McLeod Rd., Suite A

City *Orlando*

FL

Zip Code *32811*

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

John Miranda, John Miranda, President 01/07/2000

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, 2000 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

TITLE	SP	<input checked="" type="checkbox"/> Delete
NAME	MIRANDA, EDMUND A	
STREET ADDRESS	4653 L.B. MCLEOD RD. #A	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	MIRANDA, JILL	
STREET ADDRESS	4653 L.B. MCLEOD RD. #A	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	RODRIGUIS, JOSE	
STREET ADDRESS	4653 L.B. MCLEOD RD. #A	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MIRANDA, JOHN	
STREET ADDRESS	4653 L.B. MCLEOD RD. #A	
CITY-ST-ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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	VP/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rodriguez, Jose	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Miranda, John	
STREET ADDRESS	4653 L.B. McLeod Rd. #A	
CITY-ST-ZIP	Orlando, FL 32811	
TITLE	VP/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	George T. Lowe	
STREET ADDRESS	4653 L.B. McLeod Rd. #A	
CITY-ST-ZIP	Orlando, FL 32811	
TITLE	VP/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Grimenciente, Rurta	
STREET ADDRESS	4653 L.B. McLeod Rd. #A	
CITY-ST-ZIP	Orlando, FL 32811	

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:

John Miranda / President 1/7/2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

407-422-9897