

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2001 8:00 am
Secretary of State

01-17-2001 90077 022 ***158.75

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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

602979



DO NOT WRITE IN THIS SPACE

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**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

SIGNATURE

John Miranda, **John Miranda, President** 01/06/2001

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	SPS	<input type="checkbox"/> Delete
NAME	MIRANDA, JOHN	
STREET ADDRESS	4653 L.B. MCLEOD RD. #A	
CITY-ST-ZIP	ORLANDO FL	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	LOWE, GEORGE T	
STREET ADDRESS	4653 L.B. MCLEOD RD. #A	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, JOSE	
STREET ADDRESS	4653 L.B. MCLEOD RD. #A	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	MIRANDA, JOHN	
STREET ADDRESS	4653 L.B. MCLEOD RD. #A	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VPTD	<input type="checkbox"/> Delete
NAME	GRINEVICIUTE, RUTA	
STREET ADDRESS	4653 L.B. MCLEAD RD., #12	
CITY-ST-ZIP	ORLANDO FL 32811	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	S/S/D/C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input checked="" 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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Miranda, Jill	
STREET ADDRESS	7430 Green Tree Drive	
CITY-ST-ZIP	Orlando, FL 32819	

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, **John Miranda / President** 01/06/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)