

**2000 UNIFORM BUSINESS REPORT (UBR)**

1.

**DOCUMENT # N96000001468**

**FILED**  
**Apr 28, 2000 8:00 am**  
**Secretary of State**

01-26-2000 90132 013 \*\*\*\*61.25

1. Entity Name

**ASSOCIATION OF SHUTTER MANUFACTURERS, INC.**

Principal Place of Business

Mailing Address

8800 N.W. 79TH AVE.  
 MEDLEY FL 33166

8800 N.W. 79TH AVE.  
 MEDLEY FL 33168-2122



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

**65-0650711**

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

**PALMIERI, THOMAS J ESQ.**  
**201 SOUTH BISCAYNE BLVD**  
**SUITE 3000**  
**MIAMI FL 33131**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: PD  
 NAME: BECKER, LENNARD  Delete  
 STREET ADDRESS: 8800 N.W. 79TH AVENUE  
 CITY-ST-ZIP: MEDLEY FL 33168

TITLE: D  Change  Addition  
 NAME: ROSARIO BIAZ  
 STREET ADDRESS: 8800 N.W. 79TH AVENUE  
 CITY-ST-ZIP: MEDLEY, FL. 33166

TITLE: VSTD  Delete  
 NAME: STAMMIELLO, DOMINIC  
 STREET ADDRESS: 8800 N.W. 79TH AVENUE  
 CITY-ST-ZIP: MEDLEY FL 33168

TITLE:  Change  Addition  
 NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP:   
 Change  Addition

TITLE:  Delete  
 NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP:   
 Change  Addition

TITLE:  Change  Addition  
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 STREET ADDRESS:   
 CITY-ST-ZIP:   
 Change  Addition

TITLE:  Delete  
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 CITY-ST-ZIP:   
 Change  Addition

TITLE:  Change  Addition  
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TITLE:  Delete  
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 Change  Addition

TITLE:  Change  Addition  
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 STREET ADDRESS:   
 CITY-ST-ZIP:   
 Change  Addition

TITLE:  Delete  
 NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP:   
 Change  Addition

TITLE:  Change  Addition  
 NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP:   
 Change  Addition

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 617, 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:

*Thomas J. Palmieri*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/00  
 Date

305-883-1317  
 Daytime Phone #

CR2E037 (9/99)