

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 12, 2001 8:00 am**  
**Secretary of State**

0488739

**DOCUMENT # P00000106800**

1. Entity Name  
**WEST PALM HURRICANE SHUTTERS, INC.**

03-12-2001 90483 012 \*\*\*150.00

Principal Place of Business: **8725 NW 117 ST BAY 15 HIALEAH FL 33018**  
 Mailing Address: **8725 NW 117 ST BAY 15 HIALEAH FL 33018**

2. Principal Place of Business: **3220 S.W. 4ST.**  
 Suite, Apt. #, etc.

3. Mailing Address: **SAME**  
 Suite, Apt. #, etc.

City & State: **MIAMI FL.**

City & State

4. FEI Number: **65-1054925**

Applied For  
 Not Applicable

Zip: **33135** Country: **USA**

Zip Country

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**MONTALVO, LUIS A**  
**8725 NW 117 ST BAY 15**  
**HIALEAH FL 33018**

**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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
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, 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: **PD**  Delete  
 NAME: **MONTALVO, LUIS A**  
 STREET ADDRESS: **8725 NW 117 ST BAY 15**  
 CITY-ST-ZIP: **HIALEAH FL 33018**

TITLE: **EDUARDO MONTALVO**  Change  Addition  
 NAME: **EDUARDO MONTALVO**  
 STREET ADDRESS: **3220 S.W. 4ST**  
 CITY-ST-ZIP: **MIAMI FL. 33135**

TITLE: **VD**  Delete  
 NAME: **LEON, JOSE JAVIER**  
 STREET ADDRESS: **8725 NW 117 ST BAY 15**  
 CITY-ST-ZIP: **HIALEAH FL 33018**

TITLE: **ADALBERTO MONTALVO**  Change  Addition  
 NAME: **ADALBERTO MONTALVO**  
 STREET ADDRESS: **3220 S.W. 4ST**  
 CITY-ST-ZIP: **MIAMI FL. 33135**

TITLE: **SD**  Delete  
 NAME: **RODRIGUEZ, CARLOS A**  
 STREET ADDRESS: **8725 NW 117 ST BAY 15**  
 CITY-ST-ZIP: **HIALEAH FL 33018**

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

TITLE: **TD**  Delete  
 NAME: **LOZANO, ALVARO**  
 STREET ADDRESS: **8725 NW 117 ST BAY 15**  
 CITY-ST-ZIP: **HIALEAH FL 33018**

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

TITLE:  Delete  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

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

TITLE:  Delete  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

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

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:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034 (10/00)