2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2003 8:00 am
Secretary of State
03-26-2003 90156 048 ***150.00

DOCUMENT # P01000100224

1. Entity Name
AMC WINDOWS & SCREENS, INC.

Principal Place of Business	Mailing Address
29 SO. STATE ROAD 7	29 SO. STATE ROAD 7
PLANTATION FL 33317-3732	PLANTATION FL 33317-3732

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1146181 — ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CINTRON, MANLIO
29 SO. STATE ROAD 7
PLANTATION FL 33317-3732

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. I am familiar with, and accept the obligations of registered agent.

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 $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CINTRON, MANLIO 29 SO. STATE ROAD 7 PLANTATION FL 33317-3732	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CINTRON, WENCESLAO A 29 SO. STATE ROAD 7 PLANTATION FL 33317-3732	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / 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 607, 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: ✓ Manlio R. Cintron — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — 305-823-9292 Daytime Phone #

CR2E034 (10/02)

INSTRUCTIONS: CLIENT PLEASE SIGN AND SEND WITH CHECK FOR $150.00 PAYABLE TO:

_____ Florida Department Of Revenue

_____ Florida Unemployment Compensation Fund

_____ Internal Revenue Service

✓ Secretary Of State

_____ Instructions To Fill In Coupon:
Type Of Tax_____ Tax Period_____
Amount Of Deposit _____ (Make check out to your bank)

_____ City Of Miami Beach, Revenue Division

_____ Social Security Administration

THIS TAX RETURN WILL BE DELINQUENT IF NOT FILED BY 4/30/03

REMARKS: Si tiene preguntas favor llamarnos
al 305-823-9292

Susana

Attachment

DOL 02402
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