

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 19, 2001 8:00 am**  
**Secretary of State**

01-19-2001 90087 020 \*\*\*158.75

0191255

**DOCUMENT # P93000031995**

1. Entity Name  
**TROPICAL STORM SHUTTERS, INC.**

00004881



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>4300 SW 73RD AVE</b> <b>103A</b> <b>MIAMI FL 33155</b> <b>US</b>	Mailing Address <b>4300 SW 73RD AVE</b> <b>103A</b> <b>MIAMI FL 33155</b> <b>US</b>
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2. Principal Place of Business <b>4300 SW 73 RD AVE.</b>	3. Mailing Address <b>P.O. BOX 651925</b>
Suite, Apt. #, etc. <b>103 A.</b>	Suite, Apt. #, etc.

City & State <b>Miami FL.</b>	City & State <b>MIAMI FLA.</b>	4. FEI Number <b>65-0407412</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33155</b>	Country <b>U.S.A.</b>	Zip <b>33265-1925</b>	Country <b>U.S.A.</b>

5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>VENTURA, ENRIQUE J ESO</b> <b>999 PONCE DE LEON BLVD</b> <b>STE 1110</b> <b>CORAL GABLES FL 33134</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PST</b> <b>RAMOS, ESTEBAN O</b> <b>13410 S.W. 4TH TERRACE</b> <b>MIAMI FL 33184</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>RAMOS, ESTEBAN O</b> <b>13410 S.W. 4TH TERRACE</b> <b>MIAMI FL 33184</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>RAMOS, ESTEBAN</b> <b>13410 SW 4TH TERR</b> <b>MIAMI FL 33180</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Esteban O Ramos ESTEBAN O. RAMOS 01-09-01 305-364-7470  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)