

# 2001 UNIFORM BUSINESS REPORT (UBR)

*Amended*

**FILED**

01 FEB 26 PM 3:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P93000031995

1. Entity Name

TROPICAL STORM SHUTTERS INC.

Principal Place of Business

4300 SW 73 Ave Ste 103 A  
Miami FL 33155

Mailing Address

P.O. BOX 651925  
Miami FL 33265-1925

2. Principal Place of Business

4300 SW 73 Ave Ste 103 A

3. Mailing Address

P.O. BOX 651925

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Miami FL

City & State

Miami FL

4. FEJ Number

650407412

Applied For

Not Applicable

Zip

33155

Country

MIAMI DADE

Zip

33265-1925

Country

MIAMI-DADE

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VENTURA, ENRIQUE J ESQ  
999 Ponce de Leon Blvd Ste 1110  
Coral Gables FL 33134

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

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	PRESIDENT.	<input type="checkbox"/> Delete
NAME	ESTEBAN O RAMOS	
STREET ADDRESS	13410 SW 4 TERR	
CITY-ST-ZIP	MIAMI-FL 33184	
TITLE	V. PRESIDENT.	<input type="checkbox"/> Delete
NAME	ESTEBAN RAMOS	
STREET ADDRESS	13410 SW 4 TERR.	
CITY-ST-ZIP	MIAMI FL 33184	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/13/01

Date

305-364-7470

Daytime Phone #

CR2E037 (11/00)