

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000031995

Entity Name
TROPICAL STORM SHUTTERS, INC.

FILED
May 24, 2002 8:00 am
Secretary of State

04-09-2002 91168 015 ***158.75

Principal Place of Business
4300 SW 73RD AVE
Suite # 103 A
Miami, FL 33155

Mailing Address
P.O. BOX 651925
Miami, FL 33265
US

Principal Place of Business
4300 SW 73RD AVE.
Suite, Apt. #, etc.
103 A
City & State
Miami FL
Zip
33155
Country
Miami-Dade

Mailing Address
PO BOX 651925
Suite, Apt. #, etc.
City & State
Miami FL
Zip
33265
Country
Miami-Dade



DO NOT WRITE IN THIS SPACE

4. FEI Number 05-0407412
Applied
Not Applicable

5. Certificate of Status Desired ☐ \$5.75 Additional Fee Required

6. Name and Address of Current Registered Agent
VENTURA, ENRIQUE J ESO
888 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 *Esteban Ramos* *Esteban Ramos*

(NOTE: Registered Agent signature required when renewing)

03/25/02

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so (See criteria on back) ☐

10. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May be Added to Fee

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVP RAMOS, ESTEBAN O 13410 S.W. 4 TERRACE MIAMI FL 33184	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	BRITO, ALEX J 1205 N.W. 10TH STREET DANIA FL	☒ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVP. RAMOS, ESTEBAN O (same) 13410 SW 4 TERRACE MIAMI FLA. 33184	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	RAMOS ESTEBAN V.P. 13410 SW 4 TERRACE - MIAMI - FLA. 33184	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	BRITO ALEX. SECRETARY. 1205 NW 10 ST. DANIA FL.	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Esteban Ramos* ESTEBAN O RAMOS PRESIDENT 03/25/02 305-364-7470

Esteban Ramos Esteban O. Ramos PRESIDENT

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000031995

1. Entity Name

TROPICAL STORM SHUTTERS, INC.

Principal Place of Business

4300 SW 73RD AVE
103A
MIAMI FL 33155
US

Mailing Address

P.O. BOX 651925
MIAMI FL 33265-1925
US

2. Principal Place of Business

4300 SW 73RD AVE.

3. Mailing Address

PO BOX 651925

Suite, Apt. #, etc.

103 A

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI - FL

Zip

33155

Country

MIAMI-DADE

Zip

33265-1925

Country

MIAMI-DADE

4. FEI Number 65-0407412

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

VENTURA, ENRIQUE J. ESO

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

03/25/02

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DeletePVP
RAMOS, ESTEBAN O
13410 S.W. 4 TERRACE
MIAMI FL 33184TITLE NAME STREET ADDRESS CITY-ST-ZIP ☒ DeleteVP
BRITO, ALEX I
1205 N.W. 10TH STREET
DANIA FLTITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DeleteRAMOS ESTEBAN
13410 SW 4 TERRACE
MIAMI-FL 33184 (son)TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DeleteSECRETARY
BRITO, ALEX I
1205 NW 10th St. DANIA FLTITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DeleteTITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DeleteTITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ AdditionTITLE NAME STREET ADDRESS CITY-ST-ZIP ☒ Change ☐ AdditionTITLE NAME STREET ADDRESS CITY-ST-ZIP ☒ Change ☐ Addition

V. PRESIDENT

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

SECRETARY

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ AdditionTITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ 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 PRESIDENT 03/25/02 305-364-7470

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #