

**2001 UNIFORM BUSINESS REPORT (UBR)**

1/3

**FILED**  
**Feb 23, 2001 8:00 am**  
**Secretary of State**

01-31-2001 90198 038 \*\*\*150.00

**DOCUMENT # P93000048180**  
 1. Entity Name  
**CLASSIC WINDOW FASHIONS INC.**

Principal Place of Business      Mailing Address  
 1423 SUMMER AVE.      1423 SUMMER AVE.  
 JUPITER FL 33469      JUPITER FL 33469  
 US      US

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
 Zip      Country      Zip      Country

4. FEI Number **65-0422276**      Applied For  
 Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
~~VOGEL, MARK~~  
~~1825 S CONGRESS AVE SUITE 202~~  
~~BOYNTON BEACH FL 33426~~

7. Name and Address of New Registered Agent  
 Name **HARRIET WALSH INC**  
 Street Address (P.O. Box Number is Not Acceptable)  
**6789 GREEN ISLAND CIR**  
 City **LAKE WORTH**      FL      Zip Code **33463**

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 X      (NOTE: Registered Agent signature required when re-registering)      DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so:  **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

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>VILLATE, ANTONIO</b>	
STREET ADDRESS	<b>1423 SUMMER AVE.</b>	
CITY-ST-ZIP	<b>JUPITER FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Antonio Villate      1/19/01      561-841-8008  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (10/00)