## 2003. FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT #**

P97000083421

1. Entity Name

**AMERIDOORS CORP** 



## **FILED** Jan 13, 2003 8:00 am Secretary of State

01-13-2003 90454 026 \*\*\*150.00

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14287 SW 52 ST		1428	Mailing Address 14287 SW 52 ST MIAMI FL 33175				_		
						)			
2. Principal	Place of Business	3. Ma	ailing Address						
Suite, Ap	ot. #, etc.	Sui	ite, Apt. #, etc.			☐ CHECK HERE	E IF MAKING	CHANGE	:S
City & Sta	ate	City	y & State			4. FEI Number 65-0798728			Applied For
Zip	Country	Zip		Country		<u> </u>			Not Applicable
	6. Name and Address	of Current Besieter	-d 6	<u></u>		5. Certificate of Status Desired	_ ,	<b>8.75</b> A ee Requi	dditional red
	يحبون يد	Or Current negister	ea Agent	Na	ame-	7. Name and Address of New	Registered A	gent	
LOPEZ, D 14287 SW				Sti	reet Address (P	O. Box Number is Not Acceptabl			
MIAMI FL						.o. box Number is Not Acceptable	e) 		
0.71		T		Cit	•		FL	Zip Co	
the obliga	e named entity submits this st itions of registered agent.	tatement for the purp	ose of changing it	s registered off	fice or registered	d agent, or both, in the State of Fl	orida. I am fa	miliar with	, and accept
SIGNATURE	•								
CIGITATIONE	Signature, typed or printed name of reg	sistered agent and title if ann	C						
			MICADIE. (NO	TE: Registered Agent	t signature required w	hen reinstating)	DATE		
	FILE NOW!!! FEE IS \$15	50.00	incapie. (NO	TE: Registered Agent	it signature required w				
Afte		50.00 \$550.00	incapie. (NO	TE: Registered Agent	it signature required w	9. Election Campaign Fir Trust Fund Contributio	nancing	<b>\$5.0</b> Adde	00 May Be
Afte Make Check 10.	FILE NOW!!! FEE IS \$15 r May 1, 2003 Fee will be k Payable to Florida Depa	50.00 \$550.00		TE: Registered Agent	t signature required w	9. Election Campaign Fir Trust Fund Contribution	nancing n.	Adde	d to Fees
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12 release certify that the information supplied with this filling 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 changed, or on an attachment with an address, with an other like empowered.

SIGNATURE:

WANTURE REQUIRED

Daytime Phone #