2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000042736**

MHAMI FL 33186

J & D WINDOW CORP.

Principal Place of Business 11304 S.W. 125TH COURT

2. Principal Place of Business

Mailing Address

3. Mailing Address

1804 S.W. 125TH COURT MHAMI PL 33186

11800 SW 2065T	11800 SW 2065T
Suite, Apt. #, etc.	Suite, Apt. #, etc.
MIAMI FL	MIANI EC
City & State	City & State

6. Name and Address of Current Registered Agent

4. FEI Number

FILED May 03, 2001 8:00 am Secretary of State 05-03-2001 90006 049 ***150.00



DO NOT WRITE IN THIS SPACE

Applied For 65-0835196 Not Applicable \$8.75 Additional \Box 5. Certificate of Status Desired Fee Required

7. Name and Address of New Registered Agent

DURAN, JUAN A 1-1304-S:W: 125TH-COURT -MIAMI-FL 33186

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

Name 4. DURAN

Street Address (P.O. Box Number is Not Acceptable)

11800 SW 2065T

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

(See criteria on back)

Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$550.00

(NOTE: Registered Agent signature required when reinstating)

After SEPTEMBER 13, 2000 Min. will be \$750.00 Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition TITLE ☐ Delete JUAN A. DURAN DURAN, JUAN A NAME NAME 11800 SW 2065T 11304 S.W. 125TH COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33186** MIAMI FL 33177 ☐ Delete TITLE Change ☐ Addition TITLE DURAN, DEYANIRA NAME DEYANIRA DURAR 118005W 2065F 1714111 FL 33177 NAME STREET ADDRESS STREET ADDRESS 11304 S.W. 125TH COURT CITY-ST-7IP CITY-ST-ZIP MIAMI FL 33186 ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Oelete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

