2002 Uniform Business Report (UBR)

Mar 26, 2002 8:00 am § Secretary of State DOCUMENT # P98000042736 1. Entity Name 03-26-2002 90001 034 ***150 00 J & D WINDOW CORP. Principal Place of Business Mailing Address 11800 S.W. 206TH ST. 11800 S.W. 206TH ST. **MIAMI FL 33177** MIAMI FL 33177 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0835196 Not Applicable Zip 🛫 Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DURAN, JUAN A Street Address (P.O. Box Number is Not Acceptable) 11800 S.W. 206TH ST. MIAMI FL 33177 City 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 NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE □ Delete TITLE Change ☐ Addition NAME DURAN, JUAN A NAME 11800 SW 206 ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33177** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME **DURAN, DEYANIRA** NAME STREET ADDRESS 11800 SW 206 ST. STREET ADDRESS CITY-ST-ZIP MIAMI, FL, 33177 CITY-ST-ZIP TITLE TITLE Delete Change --- Addition = NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition 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: -

7-12-02 781-216-3812

FILED