2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9900000554 Apr 21, 2000 8:00 am Secretary of State CELL WALL ALUMINUM SHUTTERS, INC. 04-21-2000 90143 008 ***150.00 Principal Place of Business Mailing Address 13055 SOUTHWEST 261ST TERRACE 13055 SOUTHWEST 261ST TERRACE PRINCETON FL 33032-8916 PRINCETON FL 33032 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-088677 Not Applicable Country \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES FL 33134 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition PTD TITLE Change ☐ Delete TITLE MAZARIEGOS, EDGAR W NAME NAME STREET ADDRESS STREET ADDRESS 13055 SOUTHWEST 261ST TERRACE CITY-ST-ZIP CITY-ST-ZIP PRINCETON FL 33032 SVD ☐ Change ☐ Addition TITLE Delete TITLE RODAS, CELESTINO NAME STREET ADDRESS STREET ADDRESS 13055 SOUTHWEST 261ST TERRACE CITY-ST-ZIP CITY-ST-ZIP PRINCETON FL 33032 - Change ☐ Addition ☐ 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-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE 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. changed, or on an attachment with an a

INTERMAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: