

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 09, 2000 8:00 am**  
**Secretary of State**

05-09-2000 90009 011 \*\*\*150.00

**DOCUMENT # S46676**

1. Entity Name  
**AFFORDABLE MIRRORED WALLS CORP.**

Principal Place of Business 3070 NW 110TH AVE SUNRISE FL 33322	Mailing Address 3070 NW 110TH AVE SUNRISE FL 33325-5549
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2. Principal Place of Business 1050 S.W. 124 <sup>th</sup> WAY Suite, Apt. #, etc.	3. Mailing Address 1050 S.W. 124 <sup>th</sup> WAY Suite, Apt. #, etc.
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City & State DAVIE FL.	City & State DAVIE, FL.
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4. FEI Number 65-0261987	Applied For <input type="checkbox"/> Not Applicable
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Zip 33325	Country BROWARD	Zip 33325	Country BROWARD
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

QUICK, JIM  
 3070 NW 110TH AVE  
 SUNRISE FL 33322

Name Quick, Jim  
 Street Address (P.O. Box Number is Not Acceptable)  
1050 S.W. 124<sup>th</sup> WAY  
 City DAVIE FL Zip Code 33325

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 [Signature] (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP QUICK, JIM 3070 NW 110TH AVE SUNRISE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S QUICK, SUZANNE 3070 N.W. 110 AVE SUNRISE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Quick, Jim 1050 S.W. 124 <sup>th</sup> WAY DAVIE, FL. 33325	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S QUICK, SUZANNE 1050 S.W. 124 <sup>th</sup> WAY DAVIE, FL. 33325	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Suzanne M. Quick SUZANNE QUICK, SECRETARY 4/25/00 (954) 472-2226  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)