

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 29, 2001 8:00 am
Secretary of State

06-29-2001 90218 012 ***550.00

DOCUMENT # P00000101071

1. Entity Name

SHUTTERS TECH OF MIAMI, INC.

Principal Place of Business

10990 SW 32ND STREET
 MIAMI FL 33165

Mailing Address

10990 SW 32ND STREET
 MIAMI FL 33165

2. Principal Place of Business

1793 W 37 St.

3. Mailing Address

SAM 2

Suite, Apt. #, etc.

Bay 8 E 10

Suite, Apt. #, etc.

City & State

Protestant FL

City & State

Zip

33012

Country

USA

Zip

Country

4. FEI Number

65-1050370

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

GUILARTE, CLARA
 10990 SW 32ND STREET
 MIAMI FL 33165

7. Name and Address of New Registered Agent

Name

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

City

FL

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

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

(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!
 After MAY 1, 2001 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

TITLE	D	<input type="checkbox"/> Delete
NAME	AGUERO, JORGE E	
STREET ADDRESS	10990 SW 32ND STREET	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GUILARTE, CLARA	
STREET ADDRESS	10990 SW 32ND STREET	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for
 indicated on this report or supplemental report is true and accurate and that I
 of the corporation or the receiver or trustee empowered to execute this report
 changed, or on an attachment with an address, with all other like empowered.

exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informat on
 signature shall have the same legal effect as if made under oath; that I am an officer or director
 required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/9/01 (305) 823-1023
 Date Daytime Phone #

CR2E034 (10/00)

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000101071

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SHUTTERS TECH OF MIAMI, INC.

Principal Place of Business

10990 SW 32ND STREET
MIAMI FL 33165

Mailing Address

10990 SW 32ND STREET
MIAMI FL 33165

2. Principal Place of Business

1793 W 37 St.

3. Mailing Address

Same

Suite, Apt. #, etc.

Box 8 E 10

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33012

Country

USA

Zip

33012

Country

USA

4. FEI Number

65-1050770

Additional

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GUILARTE, CLARA
10990 SW 32ND STREET
MIAMI FL 33165

7. Name and Address of New Registered Agent

Name

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

City

FL

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

Signature of the principal officer or registered agent and the filer (if not the same person)

(NOTE: Registered Agent signature required on this filing)

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, 2001 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 Filing

11. OFFICERS AND DIRECTORS

TITLE	D	AGUIERO, JORGE E	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		10990 SW 32ND STREET	
CITY-STATE-ZIP		MIAMI FL 33165	
TITLE	D	GUILARTE, CLARA	<input checked="" type="checkbox"/> Delete
NAME			
STREET ADDRESS		10990 SW 32ND STREET	
CITY-STATE-ZIP		MIAMI FL 33165	
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
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NAME			
STREET ADDRESS			
CITY-STATE-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME			
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TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 193.07(3)(b), 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 in person. 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 the name appears in Block 11 or 12, as changed, or on an attachment with an address, with a date the information was changed.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/9/01 (305) 823-1023

Attachment
~~XXXXXXXXXX~~ A0075489
P00000101071

[Redacted]

DO NOT WRITE IN THIS SPACE



Attachment
A0075489

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

June 6, 2001

SHUTTERS TECH OF MIAMI, INC.
1792 W 37 STREET
BAY 8&10
HIALEAH, FL 33012

Subject: SHUTTERS TECH OF MIAMI, INC.

Reference Number: P00000101071

Please be advised, we have received your annual report/uniform business report; however, the report has not been filed and a copy is being returned for the following correction(s):

Please sign and return your check submitted with the annual report/uniform business report.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/SA
ANNUAL REPORTS SECTION