

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 554425

1. Entity Name

GERMAIN CANVAS & AWNING CO.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90954 008 ***150.00

Principal Place of Business

7180 NORTHEAST 2ND AVENUE
MIAMI FL 33138

Mailing Address

7180 NORTHEAST 2ND AVENUE
MIAMI FL 33138-5363

955193



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1773566

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HUGH, MAURICE
921 BELLE MEADE ISLAND DR
MIAMI FL 33138

Name

HUGH, IAN

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

14106 SW 167 TR

City

MIAMI

FL

Zip Code

33177

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]

IAN HUGH

4-26-2000

Signature, typed or printed name of registered agent and title 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!!! 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 PD
NAME HUGH, MILTON G.
STREET ADDRESS 921 BELLE MEADE ISLAND DR.
CITY-ST-ZIP MIAMI FL 33138 ☒ Delete

TITLE PD
NAME HUGH, IAN G.
STREET ADDRESS 14106 SW 167 TR
CITY-ST-ZIP MIAMI FL 33177 ☐ Change ☒ Addition

TITLE T
NAME HUGH, RITA C.
STREET ADDRESS 921 BELLE MEADE ISLAND DR.
CITY-ST-ZIP MIAMI FL 33138 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

RITA HUGH

4-26-2000 (305) 751-1111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)