

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2002 8:00 am
Secretary of State

01-21-2002 90067 003 ***158.75

DOCUMENT # G19598

1. Entity Name
WINDOWS OF THE WORLD, INC.

Principal Place of Business
1855 GRIFFIN ROAD #123A
DANIA FL 33004

Mailing Address
1855 GRIFFIN ROAD #123A
DANIA FL 33004

2. Principal Place of Business
1855 Griffin Rd.

3. Mailing Address
1855 Griffin Rd.

Suite, Apt. #, etc.
DCOTA Bldg # A-123/A-350

Suite, Apt. #, etc.
DCOTA Bldg. # A-123/A-350

City & State
Dania Beach, FL

City & State
Dania Beach, FL

4. FEI Number **59-2252240**

Applied For
Not Applicable

Zip **33004** **Country**

Zip **33004** **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

NAJMAN, SONIA
1855 GRIFFIN ROAD
DCOTA BLDG. #A123
DANIA BEACH FL 33004

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 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, 2002 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 **P** ☐ **Delete**
NAME **NAJMAN, SONIA R**
STREET ADDRESS **1855 GRIFFIN RD., #A123**
CITY-ST-ZIP **DANIA FL 33004**

TITLE ☒ **Change** ☐ **Addition**
NAME
STREET ADDRESS **1855 Griffin Rd, DCOTA Bldg # A-123/A-350**
CITY-ST-ZIP **Dania Beach, FL 33004**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ **Delete**
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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 an other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Res- 1-2-02 9549218336

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)