## 2000 UNIFORM BUSINESS REPORT (UBR) FILED Jan 19, 2000 8:00 am Secretary of State DOCUMENT # | **H09669** 1. Entity Name SUNTECH SHUTTER CORPORATION 01-19-2000 90128 010 \*\*\*150.00 Principal Place of Business Mailing Address 1791 BLOUNT ROAD SUPE 905 1791 BLOUNT ROAD SUIT **SUITE 812** SUITE 812 POMPANO BEACH FL 33069 POMPANO BEACH FL 33069-5136 3. Mailing Address 2. Principal Place of Business' DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-2432361 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HORWITZ, WAYNE CPA Street Address (P.O. Box Number is Not Acceptable) 3511 WEST COMMERCIAL BLVD SUITE 402 FT LAUDERDALE FL 33309 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 Fiorida. SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) $\Box$ Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS Change ☐ Addition PD ☐ Delete TITLE SECRETARY - D TITLE NAME NAME LOBIONDO, SALVATORE STREET ADDRESS STREET ADDRESS 1925 NW 80TH AVE. CITY-ST-ZIP CITY-ST-ZIP MARGATE FL ☐ Change ☐ Addition VD ☐ Delete TITLE TITLE NAME LOBIONDO, GERALD NAME STREET ADDRESS STREET ADDRESS 1903 NW 79TH AVE CITY-ST-ZIP CITY-ST-ZIP MARGATE FL PRESIDENT - D X Change Addition TITLE Delete TITLE NAME LOBIONDO, ROSE NAME STREET ADDRESS STREET ADDRESS 1925 NW-80TH-AVE -CITY-ST-ZIP CITY-ST-ZIP MARGATE FL Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 that my name appears in Block 11 or Block 12 if changed, or on an attachment that my name appears in Block 11 or Block 12 if changed.

CITY-ST-ZIP

SIGNATURE

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-00

954-979-5459

Daytime Phone #