## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## **FILED DOCUMENT # H41081** May 09, 2000 8:00 am 1. Entity Name Secretary of State ENGINEERED AWNING FRAMES, INC. 05-09-2000 90128 012 \*\*\*150.00 Mailing Address Principal Place of Business 3470 NW 7TH ST 3470 NW 7TH ST MIAMI FL 33125-4014 **MIAMI FL 33125** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2499200 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KING, LOUIS, G Street Address (P.O. Box Number is Not Acceptable) 3470 NW 7TH ST **MIAMI FL 33125** City Zip Code FL 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Addition TITLE PTD ☐ Delete ☐ Change NAME KING. LOUIS G. NAME STREET ADDRESS STREET ADDRESS 3470 NW 7TH ST CITY-ST-ZIP CITY-ST-ZIP MIAMI FL TITLE ☐ Addition Delete TITLE NAME NAME DIPERSICO, DALE, A STREET ADDRESS STREET ADDRESS 520 NOTTINGHAM BLVD CITY-ST-ZIP CITY-ST-ZIP W PALM BEACH FL ☐ Change Addition ☐ Delete TITLE CARROLL, THOMAS.F., JR. NAME NAME STREET ADDRESS STREET ADDRESS 844 NW 9TH AVE CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL XX Delete ☐ Change ☐ Addition VD TITLE NAME WAGGENER, JACK STREET ADDRESS STREET ADDRESS 5107 AUSTRALIAN AVE CITY-ST-ZIP CITY-ST-ZIP W PALM BEACH FL Change Addition Delete TITLE TITLE NAME NAME REILLY, ROBERT M. STREET ADDRESS STREET ADDRESS 282 NW 36TH ST CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Change ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 poort 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 trusted empowered to execute this report as peofired 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.

(305) 649-4511

Daytime Phone #

4/26/00