

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90104 044 ***150.00

DOCUMENT # H41081

1. Entity Name

ENGINEERED AWNING FRAMES, INC.

Principal Place of Business

**3470 NW 7TH ST
 MIAMI FL 33125**

Mailing Address

**3470 NW 7TH ST
 MIAMI FL 33125**

DUPLICATE



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**c/o Louis King
 Suite, Apt. #, etc.
 3905 N. W. 31 Avenue**

3. Mailing Address

**c/o Louis King
 Suite, Apt. #, etc.
 3905 N. W. 31 Avenue**

City & State
Miami, Florida

City & State
Miami, Florida

4. FEI Number **59-2499200**

Applied For
 Not Applicable

Zip Country
33142 Dade

Zip Country
33142 Dade

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**KING, LOUIS, G
 3470 NW 7TH ST
 MIAMI FL 33125**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
3905 N. W. 31 Avenue
 City **Miami** FL Zip Code **33142**

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

TITLE ☐ Delete
 NAME **PTD KING, LOUIS G.**
 STREET ADDRESS **3470 NW 7TH ST**
 CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Delete
 NAME **D DIPERSICO, DALE, A**
 STREET ADDRESS **520 NOTTINGHAM BLVD**
 CITY-ST-ZIP **W PALM BEACH FL**

TITLE ☒ Delete
 NAME **SD CARROLL, THOMAS F., JR.**
 STREET ADDRESS **844 NW 9TH AVE**
 CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE ☒ Delete
 NAME **D REILLY, ROBERT M.**
 STREET ADDRESS **282 NW 36TH ST**
 CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS **3905 N. W. 31 Avenue**
 CITY-ST-ZIP **Miami, Florida 33142**

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

TITLE ☒ Change ☐ Addition
 NAME **SD Carroll, James**
 STREET ADDRESS **844 N. W. 9th Avenue**
 CITY-ST-ZIP **Fort Lauderdale, FL 33311**

TITLE ☒ Change ☐ Addition
 NAME **D Reilly, Michael**
 STREET ADDRESS **3905 N. W. 31 Avenue**
 CITY-ST-ZIP **Miami, Florida 33142**

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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 all other like empowered.

SIGNATURE:

Signature of Robert M. Reilly
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/02 (305) 649-4511

Date

Daytime Phone #

CR2E034 (9/01)