

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K20166

1. Entity Name

FLORIDA WINDOW FASHIONS, INC.

**FILED**  
**Mar 02, 2000 8:00 am**  
**Secretary of State**

03-02-2000 90102 034 \*\*\*150.00

Principal Place of Business <b>115 NW 43RD ST BOCA RATON FL 33431- US</b>	Mailing Address <b>1727 COSTA DEL SOL 20TH ST. CENTRE BOCA RATON FL 33432-1746- US</b>
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2. Principal Place of Business <b>6424 VIA ROSA</b>	3. Mailing Address <b>PMB 316</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc. <b>5970 S.W. 18TH ST, E1</b>

City & State <b>BOCA RATON FL</b>	City & State <b>BOCA RATON FL</b>
Zip <b>33433</b>	Country <b>USA</b>
Country <b>USA</b>	Zip <b>33433</b>
	Country <b>USA</b>
	City <b>PALM BEACH</b>



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>65-0051082</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>HARRIS, LINDA K 5644 SANTIAGO CIRCLE BOCA RATON FL 33433</b>
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7. Name and Address of New Registered Agent Name <b>LINDA K. HARRIS</b> Street Address (P.O. Box Number is Not Acceptable) <b>6424 VIA ROSA</b> City <b>BOCA RATON FL</b> Zip Code <b>33433</b>
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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 \_\_\_\_\_ (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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HARRIS, LINDA K. <del>5644 SANTIAGO CIRCLE</del> BOCA RATON FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV RIVERO, RONNA M. 8009 CHAMBERS COURT LAKE WORTH FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LINDA K. HARRIS 6424 VIA ROSA BOCA RATON FL 33433 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Linda K. Harris 2-23-00 561-620-0291  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #