

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90321 042 ***150.00

DOCUMENT # K31224

1. Entity Name
ANY SEASON INSULATION, INC.

Principal Place of Business
7501 NW 55 ST
MIAMI FL 33166

Mailing Address
10055 SW 143 ST
MIAMI FL 33176

2. Principal Place of Business
13400 SW 128 ST
 Suite, Apt. #, etc.

3. Mailing Address
13400 SW 128 ST
 Suite, Apt. #, etc.

City & State
Miami, FL

City & State
Miami, FL

4. FEI Number **65-0072694**

Applied For
☐ **Not Applicable**

Zip **33186** **Country** **United States**

Zip **33186** **Country** **United States**

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

6. Name and Address of Current Registered Agent

MODRONO, MANUEL A., JR
10055 SW 143 ST
MIAMI FL 33176

7. Name and Address of New Registered Agent

Name

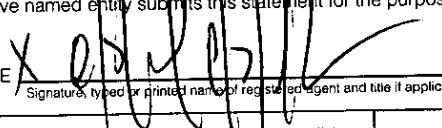
Street Address (P.O. Box Number is Not Acceptable)

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 ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

T ☐ **Delete**
TITLE
NAME **MODRONO, LOURDES**
STREET ADDRESS **10055 SW 143 ST**
CITY-ST-ZIP **MIAMI FL 33176**

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

☐ **Delete**
TITLE
NAME **PVP**
STREET ADDRESS **MODRONO, MANUEL A., JR**
CITY-ST-ZIP **2290 SW 141 PL**
MIAMI FL 33175

☒ **Change** ☐ **Addition**
TITLE
NAME **PVP**
STREET ADDRESS **Modrono, Manuel A., JR**
CITY-ST-ZIP **8265 SW 114 ST**
MIAMI, FL 33156

☐ **Delete**
TITLE
NAME **P**
STREET ADDRESS **MODRONO, MANUEL**
CITY-ST-ZIP **10055 SW 143 ST.**
MIAMI FL 33176

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

☐ **Delete**
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CITY-ST-ZIP

☐ **Change** ☐ **Addition**
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☐ **Delete**
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☐ **Change** ☐ **Addition**
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☐ **Delete**
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CITY-ST-ZIP

☐ **Change** ☐ **Addition**
TITLE
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #