

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2003 8:00 am**  
**Secretary of State**

04-18-2003 90137 048 \*\*\*150.00

**DOCUMENT # K31224**

1. Entity Name  
**ANY SEASON INSULATION, INC.**



Principal Place of Business  
**13400 SW 128 STREET  
MIAMI FL 33186**

Mailing Address  
**13400 SW 128 STREET  
MIAMI FL 33186**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0072694**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

## 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

PRESIDENT ☐ Change ☒ Addition  
NAME **Manuel A Modrono JR.**  
STREET ADDRESS **13400 SW 128 St**  
CITY-ST-ZIP **Miami FL 33186**

PVP ☒ Delete  
NAME **MODRONO, MANUEL A., JR**  
STREET ADDRESS **8265 SW 114 STREET**  
CITY-ST-ZIP **MIAMI FL 33156**

VICE PRESIDENT ☐ Change ☒ Addition  
NAME **Lourdes Modrono**  
STREET ADDRESS **13400 SW 128 ST**  
CITY-ST-ZIP **Miami FL 33186**

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

TREASURER ☐ Change ☒ Addition  
NAME **Madeline Modrono**  
STREET ADDRESS **13400 SW 128 ST**  
CITY-ST-ZIP **Miami FL 33186**

☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

12. 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 10 or Block 11 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 #

CR2E034 (10/02)