2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 12, 2002 8:00 am § Secretary of State DOCUMENT # L21919 1. Entity Name ARCHITECTURAL ALUMINUM & GLASS CONTRACTORS, INC. 05-12-2002 90667 018 ***150.00 Principal Place of Business Mailing Address 15450 NW 34TH AVE 15450 NW 34TH AVE MIAMI FL 33054 MIAMI FL 33054 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0147932.... Not-Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WILLIAM GREESON MARKUS, STUART A Street Address (P.O. Box Number is Not Acceptable) 15450 N.W. 34th AVENUE 2251 SW 22ND STREET MIAMI FL 33145 ما المارية المارية المستسلم المارية الم MIAMI, Zip Code 33054-2460 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. WILLIAM GREESON - PRESIDENT SIGNATURE 04/05/2002 ame 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 Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE P/D/T/S ☐ Delete TITLE NAME GREESON, WILLIAM GREESON , WILLIAM NAME STREET ADDRESS 15450 NW 34TH AVENUE STREET ADDRESS 15450 N.W. 34th AVENUE CITY-ST-ZIP **MIAMI FL 33054** CITY-ST-ZIP MIAMI, FLORIDA 33054-2460 TITLE X Delete TITLE ☐ Change ☐ Addition NAME Carter, John R NAME STREET ADDRESS =15450 NW 34TH:AVE = STREET ADDRESS CITY-ST-ZIP MIAMI FL 33054-2460 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE:

WILLIAM GREESON

04/05/2002

305-681-6849

Daytime Phone #