

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 20, 2000 8:00 am**  
**Secretary of State**

02-20-2000 90014 029 \*\*\*150.00

**DOCUMENT # L25499**

1. Entity Name  
**MIAMI DOORS INC.**

Principal Place of Business 14352 SW 90TH ST. MIAMI FL 33186	Mailing Address 14352 SW 90TH ST. MIAMI FL 33186-8010
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>65-0156714</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>VIDAL, IDO B. 14352 SW 90TH ST MIAMI FL 33186</b>		7. Name and Address of New Registered Agent Name <b>Dulce M. AZOCAR</b> Street Address (P.O. Box Number is Not Acceptable) <b>14352 SW 90 Street</b> <b>Miami</b> City <b>FL</b> Zip Code <b>33186</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: **1/28/00**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <input type="checkbox"/> Delete NAME <b>VIDAL, IDO B.</b> STREET ADDRESS <b>14352 SW 90TH ST.</b> CITY-ST-ZIP <b>MIAMI FL 33186</b>		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME <b>AZOCAR, DULCE M.</b> STREET ADDRESS <b>14352 SW 90TH ST.</b> CITY-ST-ZIP <b>MIAMI FL 33186</b>		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME <b>VINDELL, LUIS A.</b> STREET ADDRESS <b>14352 SW 90TH ST.</b> CITY-ST-ZIP <b>MIAMI FL 33186</b>		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME <b>VIDAL, REDENTA G.</b> STREET ADDRESS <b>14352 SW 90TH ST.</b> CITY-ST-ZIP <b>MIAMI FL 33186</b>		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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: DATE: **1/28/00** Daytime Phone #: **(305) 382-9311**

CR2E034 (9/99)