

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

3/2

FILED
Apr 07, 2003 8:00 am
Secretary of State

03-24-2003 90243 027 ***150.00

DOCUMENT # L25499

1. Entity Name
MIAMI DOORS INC.



Principal Place of Business
**14352 SW 90TH ST.
MIAMI FL 33186**

Mailing Address
**P.O. BOX 770235
MIAMI FL 33177**



2. Principal Place of Business
16150 SW 143 LANE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
MIAMI, FL

City & State

4. FEI Number **65-0156714**

Applied For
Not Applicable

Zip
33196

Country
DADE

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~HEENADEZ, DUKE M~~
**16150 SW 143 LANE
MIAMI FL 33196**

Name
Dulce M. Vidal - Hernandez
Street Address (P.O. Box Number is Not Acceptable)
16150 SW 143 LANE
City **Miami** FL Zip Code **33196**

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 (handwritten)

(NOTE: Registered Agent signature required when reinstating)

DATE

3/20/03

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

TITLE **D** ☒ Delete
NAME **VIDAL, IDO B.**
STREET ADDRESS **14352 SW 90TH ST.**
CITY-ST-ZIP **MIAMI FL 33186**

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

TITLE **D** ☐ Delete
NAME **HERNANDEZ, DUKE M**
STREET ADDRESS **16150 SW 143 LANE**
CITY-ST-ZIP **MIAMI FL 33196**

TITLE **President** ☒ Change ☐ Addition
NAME **Dulce M. Vidal - Hernandez**
STREET ADDRESS **16150 SW 143 LANE**
CITY-ST-ZIP **MIAMI, FL 33196**

TITLE **D** ☐ Delete
NAME **VINDELL, LUIS A.**
STREET ADDRESS **14352 SW 90TH ST.**
CITY-ST-ZIP **MIAMI FL 33186**

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

TITLE **D** ☒ Delete
NAME **VIDAL, REDENTA G.**
STREET ADDRESS **14352 SW 90TH ST.**
CITY-ST-ZIP **MIAMI FL 33186**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Director** ☐ Change ☒ Addition
NAME **MANUEL CORELLA**
STREET ADDRESS **8702 NW 109 TERRACE**
CITY-ST-ZIP **HAIALEAH GARDENS, FL 33018**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ 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:

Dulce M. Vidal - Hernandez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/03 (305) 382-9311
Date Daytime Phone #

CR2E034 (10/02)