## **2001 UNIFORM BUSINESS REPORT (UBR)** May 04, 2001 8:00 am Secretary of State **DOCUMENT # L97762 BOYNTON ALUMINUM & SCREEN INC.** 05-04-2001 90006 010 \*\*\*150.00 Principal Place of Business Mailing Address 3253 SW 14TH PLACE 3253 SW 14TH PLACE BOYNTON BEACH FL 33426 **BOYNTON BEACH FL 33426** D40141 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 65-0216429 Not Applicable Country Ζip Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROMANO, RICHARD J. Street Address (P.O. Box Number is Not Acceptable) **3253 SW 14TH PLACE BOYNTON BEACH FL 33426** City 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 DATE Signature, typed or printed name 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 \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS ☐ Addition ☐ Change TITLE TITLE ☐ Delete ROMANO, RICHARD J. NAME NAME STREET ADDRESS 3253 SW 14TH PLACE STREET ADDRESS **BOYNTON BEACH FL** CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITL F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP Change ☐ Addition TIT! F TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition

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.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

changed, or off art attachment with an address, with all other like empowered

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

hare J. Romano 4-25-01 561-732

Daytime Phone #

☐ Change

☐ Addition