

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N96000001468**

1. Entity Name

ASSOCIATION OF SHUTTER MANUFACTURERS, INC.**FILED**
Aug 01, 2002 8:00 am
Secretary of State

08-01-2002 90171 002 ****61.25

0008448

| | |
|---|---|
| Principal Place of Business | Mailing Address |
| 8800 N.W. 79TH AVE.. MEDLEY FL 33166 | 8800 N.W. 79TH AVE.. MEDLEY FL 33166 |

| | |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |



DO NOT WRITE IN THIS SPACE

| | | |
|---------------|------------|----------------|
| 4. FEI Number | 65-0650711 | Applied For |
| | | Not Applicable |

| | | |
|----------------------------------|--------------------------|--------------------------------|
| 5. Certificate of Status Desired | <input type="checkbox"/> | \$8.75 Additional Fee Required |
|----------------------------------|--------------------------|--------------------------------|

| | |
|--|--|
| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
| PALMIERI, THOMAS J ESQ. 201 SOUTH BISCAYNE BLVD SUITE 3000 MIAMI FL 33131 | Name Street Address (P.O. Box Number is Not Acceptable) City |

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

After September 13, 2002,
min. will be \$236.25.

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

| | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---------------------------------|------|---------------------|--|----------------|-----------------------|--|-------------|-----------------|--|--|-------|--|---|------|--|--|----------------|--|--|-------------|--|--|
| 10. OFFICERS AND DIRECTORS | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | | | | | | | | | | | | | | | | | | | | | | | |
| <table><tr><td>TITLE</td><td>PD</td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>BECKER, LENNARD</td><td></td></tr><tr><td>STREET ADDRESS</td><td>8800 N.W. 79TH AVENUE</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>MEDLEY FL 33166</td><td></td></tr></table> | TITLE | PD | <input type="checkbox"/> Delete | NAME | BECKER, LENNARD | | STREET ADDRESS | 8800 N.W. 79TH AVENUE | | CITY-ST-ZIP | MEDLEY FL 33166 | | <table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table> | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | | | STREET ADDRESS | | | CITY-ST-ZIP | | |
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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 617, 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

Lennard Becker
LENNARD BECKER PRES

7/19/02 (301 883-1317)

CR2E037 (4/02)