

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000005709

1. Entity Name

ROLLING DOOR MANUFACTURING CORP.

FILED

Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90264 013 ***150.00

Principal Place of Business

9001 S.W. 142ND AVENUE
SUITE 1331
MIAMI FL 33186

Mailing Address

9001 S.W. 142ND AVENUE
SUITE 1331
MIAMI FL 33186

2. Principal Place of Business

9001 S.W. 142nd AVE APT

3. Mailing Address

9001 S.W. 142nd AVE.

Suite, Apt. #, etc.

APT. 13-34

Suite, Apt. #, etc.

APT. 13-34

City & State

MIAMI FL 33186-1144

City & State

MIAMI FL 33186-1144

4. FEI Number

65-0978091

Applied For

Not Applicable

Zip

Country

33186-1144

MIAMI DADE

Zip

Country

33186

MIAMI DADE

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

ABRAMSON, EDWARD J ESQ.
7270 N.W. 12TH STREET
SUITE 580
MIAMI FL 33186-3312

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME LOPEZ V., RAUL
STREET ADDRESS 9001 S.W. 142ND AVENUE
CITY-ST-ZIP MIAMI FL 33186 ☐ Delete

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

TITLE VD
NAME LOPEZ, JOSE E
STREET ADDRESS 9001 S.W. 142ND AVENUE
CITY-ST-ZIP MIAMI FL 33186 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RAUL V. LOPEZ PRESIDENT 04/18/01

Date

Daytime Phone #

CR2E034 (10/00)