

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2002 8:00 am
Secretary of State

01-23-2002 90059 006 ***150.00

DOCUMENT # P00000005709

1. Entity Name
ROLLING DOOR MANUFACTURING CORP.

Principal Place of Business

9001 S.W. 142ND AVENUE
 APT 13-34
 MIAMI FL 33186-1144

Mailing Address

9001 S.W. 142ND AVENUE
 APT 13-34
 MIAMI FL 33186-1144

2. Principal Place of Business

13068 SW 132nd CT
 Suite, Apt. #, etc.

3. Mailing Address

13068 SW 132nd CT
 Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

MIAMI, FL

4. FEI Number

65-0978091

Applied For

Not Applicable

Zip

33186

Country

USA

Zip

33186

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **Raul Lopez V.**
 Street Address (P.O. Box Number is Not Acceptable) **8831 SW 142nd Ave**
Apt 1922
 City **MIAMI** FL Zip Code **33186**

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 **RAUL Lopez, President** **Raul Lopez** **1/11/02**
 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, 2002 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	LOPEZ V., RAUL	
STREET ADDRESS	9001 S.W. 142ND AVENUE	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LOPEZ, JOSE E	
STREET ADDRESS	9001 S.W. 142ND AVENUE	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOPEZ V. RAUL	
STREET ADDRESS	8831 SW 142 nd Ave #1922	
CITY-ST-ZIP	MIAMI, FL 33186	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> 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: **Raul Lopez** **1/11/02** **305-2514430**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **PRESIDENT** Date Daytime Phone #

CR2E034 (9/01)