

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 09, 2002 8:00 am**  
**Secretary of State**

04-09-2002 90033 040 \*\*\*150.00

0322830 AV

**DOCUMENT # P00000024626**

1. Entity Name

**ONE STOP SHUTTERS INC.**

Principal Place of Business

~~240 SW 32ND COURT~~  
**FT. LAUDERDALE FL 33315**

Mailing Address

~~240 SW 32ND COURT~~  
**FT. LAUDERDALE FL 33315**

2. Principal Place of Business

**9337 NW 53rd CT**  
 Suite, Apt. #, etc.

3. Mailing Address

**9337 NW 53rd CT**  
 Suite, Apt. #, etc.

City & State

**Sunrise FL**

City & State

**Sunrise FL**

4. FEI Number

**65-0991718**

Applied For

Not Applicable

Zip

Country

**33351 USA**

Zip

Country

**33351 USA**

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HALAVA, ELI**  
**240 SW 32ND COURT**  
**FT. LAUDERDALE FL 33315**

7. Name and Address of New Registered Agent

Name **Elinor Halava**  
 Street Address (P.O. Box Number is Not Acceptable)

**9337 NW 53rd CT**  
 City **Sunrise** **FL** Zip Code **33351**

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

**3.29.02**

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 **(P) Vice President** ☐ Delete  
 NAME **HALAVA, ELI**  
 STREET ADDRESS **240 SW 32ND COURT**  
 CITY-ST-ZIP **FT. LAUDERDALE FL 33315**

TITLE **President** ☐ Delete  
 NAME **Halava, Elinor**  
 STREET ADDRESS **9337 NW 53rd CT**  
 CITY-ST-ZIP **Sunrise FL 33351**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Vice president** ☒ Change ☐ Addition  
 NAME **Halava, Eli**  
 STREET ADDRESS **9337 NW 53rd CT**  
 CITY-ST-ZIP **Sunrise FL 33351**

TITLE **President** ☐ Change ☒ Addition  
 NAME **Halava, Elinor**  
 STREET ADDRESS **9337 NW 53rd CT**  
 CITY-ST-ZIP **Sunrise FL 33351**

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

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**V. President**

**3.29.02**

Date

**954 747 0808**

Daytime Phone #

CR2E034 (9/01)