

FILED
Aug 01, 2001 8:00 am
Secretary of State

08-01-2001 90194 001 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000051452

1. Entity Name

WINDOW WORKSHOP & MORE, INC.

Principal Place of Business

3663 EVERGLADES ROAD
PALM BEACH GARDENS FL 33410

Mailing Address

3663 EVERGLADES ROAD
PALM BEACH GARDENS FL 33410

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-1014533

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NADEL, RICHARD D ESO
3300 PGA BOULEVARD D
SUITE 970
PALM BEACH GARDENS FL 33410

7. Name and Address of New Registered Agent

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 rechartering)

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

TITLE	D	☐ Delete
NAME	VICUNA, IRMA M	
STREET ADDRESS	3663 EVERGLADES ROAD	
CITY- ST- ZIP	PALM BEACH GARDENS FL 33410	
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		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
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 119.02(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 endorsements.

SIGNATURE:

Irma M. Vicuna
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-10-01 (50) 881-P179
Date Daytime Phone #

WINDOW WORKSHOP AND MORE, INC.

Interior Workroom Center

950 Old Dixie Hwy., Suite 1 • Lake Park, FL 33403
Phone: 561-881-8179 • Fax: 561-881-8259

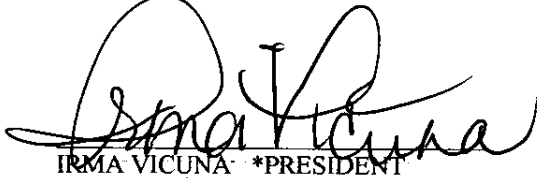
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B00661400

JULY 27, 2001

TO WHOM IT MAY CONCERN:

AS PER OUR CONVERSATION IN FEBRUARY 2001 A REPORT WAS NOT FILED DUE TO THE CHECK FOR THE FEE OF \$ 150.00 WAS MISPLACED OR LOST. ENCLOSED IS A CHECK FOR THE AMOUNT DUE... DUE TO THE INCONVENIENCE I APOLOGIZE SINCERELY.

THANK YOU



IRMA VICUNA *PRESIDENT