

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000065509

1. Entity Name

AMERICAN STORM SHUTTERS, CORP

Principal Place of Business

95018 W 37TH STREET
MIAMI FL 33165

Mailing Address

95018 W 37TH STREET
MIAMI FL 33165

2. Principal Place of Business

12420 S.W 33 ST

Suite, Apt. #, etc.

MIAMI FL

City & State

33175

Zip

Country
Dade

3. Mailing Address

12420 S.W 33 ST

Suite, Apt. #, etc.

MIAMI FL

City & State

33175

Zip

Country
Dade

4. FEI Number

65-1023285

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MEDINA, RAFAEL J
95018 W 37TH STREET
MIAMI FL 33165

7. Name and Address of New Registered Agent

Name
Rafael J Medina

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

12420 S.W 33 ST

MIAMI FL 33175

City

FL

Zip Code

33175

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

Rafael J Medina - President

2/20/02

(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	P	<input type="checkbox"/> Delete
NAME	MEDINA, RAFAEL J	
STREET ADDRESS	95018 W 37TH STREET	
CITY-ST-ZIP	MIAMI FL 33165	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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:

Rafael J Medina - President

Date

Daytime Phone #

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90075 023 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (9/01)