

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000112275

1. Entity Name

PRO TECH SHUTTERS INC

FILED

Apr 25, 2001 8:00 am  
Secretary of State

04-25-2001 90114 045 \*\*\*158.75

Principal Place of Business

2933 POINSETTIA STREET #30  
FT. LAUDERDALE FL 33316

Mailing Address

2933 POINSETTIA STREET #30  
FT. LAUDERDALE FL 33316

2. Principal Place of Business

3. Mailing Address

PMB 603/757 S.E. 17th St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

FT. LAUD. FL

Zip

Country

Zip

Country

33316-2960

4. FEI Number

65-1060751

Applied For

Not Applicable

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

MAX, DROR

2933 POINSETTIA STREET #30  
FT. LAUDERDALE FL 33316

Name

Tim Yates

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

9633 NW 45 St

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

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 D ☐ Delete  
NAME MAX, DROR  
STREET ADDRESS 2933 POINSETTIA STREET #30  
CITY-ST-ZIP FT. LAUDERDALE FL 33316

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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 119.07(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:

*Duan ma*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-19-01

954-612-3900

2001/03/2

CR2E034 (10/00)