

# **FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # PO1000007448

1. Entity Name  
A-1 DOOR CONTROLS CORP.  
18331 N.E. 4th Street  
Miami, Florida 33179

FILED

02 DEC -3 AM 10:37

**DO NOT WRITE IN THIS SPACE**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
500009314075  
12/03/02--01037--009 \*\*62.50

2. Principal Place of Business  
18331 N.E. 4th Street

3. Mailing Address  
Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Miami, Florida 33179

City & State  
Same

4. FEI Number  
651080440

Applied For  
Not Applicable

Zip Country  
USA

Zip Country  
USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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IN THIS SPACE**

## 7. Name and Address of Current Registered Agent

Name  
MICHAEL VALENZANO, JR.

Street Address (P.O. Box Number is Not Acceptable)  
18331 N.E. 4th Street

City Miami, Florida FL Zip Code 33179

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 *X M Valenzano Jr.*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*X 11-27-02*

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PRES, SEC, TREAS & REG AGENT  
MICHAEL VALENZANO, JR.  
18331 N.E. 4th Street  
Miami, Florida 33179

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *X M Valenzano Jr.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*X 11-27-02 816-8469*