

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 30, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91180 040 \*\*\*150.00

DOCUMENT # P01000007448

1. Entity Name  
A-1 DOOR CONTROLS CORP.



Principal Place of Business  
~~260 NE 183RD STREET~~  
~~MIAMI FL 33179~~

Mailing Address  
~~260 NE 183RD STREET~~  
~~MIAMI FL 33179~~

55045106



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

3. Mailing Address  
Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
Miami, Florida

City & State

4. FEI Number 65-1080440

Applied For  
Not Applicable

Zip  
33179

Country  
Broward

Zip

Country

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

~~VALENZANO, JOSEPH~~  
~~260 NE 183RD STREET~~  
~~MIAMI FL 33179~~

VALENZANO, JOSEPH  
SAME  
18331 N.E. 4th Street  
MIAMI FL 33179

Name  
MICHAEL VALANZANO, JR.  
Street Address (P.O. Box Number is Not Acceptable)  
18331 N.E. 4th Street

City Miami, 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE JOSEPH VALENZANO Michael Valanzo 5-27-03  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ~~STD~~  
NAME ~~VALENZANO, JOSEPH~~  
STREET ADDRESS ~~30 GOLDEN ISLES DRIVE~~  
CITY-ST-ZIP ~~HALLANDALE FL~~

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ~~PRESIDENT~~  
NAME ~~VALENZANO, JOSEPH~~  
STREET ADDRESS ~~30 GOLDEN ISLES DRIVE~~  
CITY-ST-ZIP ~~HALLANDALE FL~~

TITLE  
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12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: Michael Valanzo  
Signature and typed or printed name of officer or director

62-03-03 1-860-816-8469  
Date Daytime Phone #

CR2E034 (10/02)