

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2002 8:00 am
Secretary of State

02-20-2002 90073 042 ***150.00

DOCUMENT # P01000012075
 Entity Name
ECHWOOD SHUTTERS, INC.

Principal Place of Business Mailing Address
101 N.W. 31ST AVENUE **2 PARK WAY**
COMPANO BEACH FL 33069 **UPPER SADDLE RIVER NJ 07458**



DO NOT WRITE IN THIS SPACE

Principal Place of Business		3. Mailing Address		4. FEI Number 65-1097802		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State		Zip		Country	

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525				Name							
				Street Address (P.O. Box Number is Not Acceptable)							
				City				FL		Zip Code	

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PRESIDENT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARVIN HOPKINS		NAME		
STREET ADDRESS	2 PARK WAY		STREET ADDRESS		
CITY-ST-ZIP	UPPER SADDLE RIVER, N.J. 07458		CITY-ST-ZIP		
TITLE	EXEC. V. P. & TREASURER	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ATIT MEHRA		NAME		
STREET ADDRESS	2 PARK WAY		STREET ADDRESS		
CITY-ST-ZIP	UPPER SADDLE RIVER, N.J. 07458		CITY-ST-ZIP		
TITLE	SR. V.P.; CFO & ASST. SEC'Y.	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GORDON KHAN		NAME		
STREET ADDRESS	2 PARK WAY		STREET ADDRESS		
CITY-ST-ZIP	UPPER SADDLE RIVER, N.J. 07458		CITY-ST-ZIP		
TITLE	VICE PRES. & SEC'Y	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEOFFREY PARANAS		NAME		
STREET ADDRESS	2 PARK WAY		STREET ADDRESS		
CITY-ST-ZIP	UPPER SADDLE RIVER, N.J. 07458		CITY-ST-ZIP		
TITLE	GENERAL MANAGER	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHAEL BIRD		NAME		
STREET ADDRESS	1101 N.W. 31st AVE.		STREET ADDRESS		
CITY-ST-ZIP	POMANO BEACH, FL. 33069		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: *Geoffrey W. Paranas* **GEOFFREY W. PARANAS** **VICE PRESIDENT**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: 2-14-02 Daytime Phone #: 201-761-4251

CR2E034 (9/01)