

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90442 050 \*\*\*158.75

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**DOCUMENT # P01000012675**

1. Entity Name  
**OCEAN SHUTTERS MANUFACTURING-FEC, INC.**



Principal Place of Business  
**C/O SBAS  
927 SE WATERSIDE WAY  
STUART FL 34997**

Mailing Address  
**C/O SOUTH BROWARD ACCOUNTING SERVICE  
1152 N UNIVERSITY DR  
PEMBROKE PINES FL 33024**



2. Principal Place of Business  
**4900 N.E. 11th AVE**

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
**FT. LAUDERDALE, FL**

City & State

4. FEI Number **65-0626267**

Applied For  
Not Applicable

Zip  
**33334**

Country  
**USA**

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

**CHEDIAK, MIRTA  
1152 N UNIVERSITY DR STE 202  
PEMBROKE PINES FL 33024**

Name

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

City **FL** Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**D  
MARINO, LUCILLE  
927 SE WATERSIDE WAY  
PEMBROKE PINES FL 34997**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**5347 NE 16 AVE  
FT. LAUDERDALE, FL 33334**

☒ Change ☐ Addition

TITLE  
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STREET ADDRESS  
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CITY-ST-ZIP

☐ Change ☐ Addition

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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Daytime Phone #

CR2E034 (10/02)