

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

02-20-2002 90063 017 ***150.00

DOCUMENT # P01000030607

1. Entity Name

CALLEJA'S ACCORDION SHUTTERS, INC.

Principal Place of Business

295 WEST 27TH STREET
HIALEAH FL 33010

Mailing Address

295 WEST 27TH STREET
HIALEAH FL 33010

2. Principal Place of Business

295 West 27th St.

3. Mailing Address

295 W 27th St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hialeah Florida

City & State

Hialeah Florida

Zip

33010

Country

Zip

33010

Country

4. FEI Number

65-1089021

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CALLEJA, SERGIO T
295 WEST 27TH STREET
HIALEAH FL 33010

7. Name and Address of New Registered Agent

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.

SIGNATURE

Signature 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, 2002 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

TITLE **PTD** ☐ Delete
 NAME **CALLEJA, SERGIO T**
 STREET ADDRESS **295 WEST 27TH STREET**
 CITY-ST-ZIP **HIALEAH FL 33010**

TITLE **SVD** ☐ Delete
 NAME **CAYON, JORGE ORGE**
 STREET ADDRESS **295 WEST 27TH STREET**
 CITY-ST-ZIP **HIALEAH FL 33010**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PTD** ☐ Change ☐ Addition
 NAME **CALLEJA, SERGIO T**
 STREET ADDRESS **295 W 27th St**
 CITY-ST-ZIP **HIALEAH FL 33010**

TITLE **SVD** ☐ Change ☐ Addition
 NAME **CAYON, JORGE**
 STREET ADDRESS **295 W 27th Street, Hialeah FL**
 CITY-ST-ZIP **33010**

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

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

TITLE ☐ Change ☐ Addition
 NAME
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 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 my address, with authority like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/29/02

Daytime Phone #

CR2E034 (9/01)