2002 UNIFORM BUSINESS REPORT (UBR)

May 07, 2002 8:00 am Secretary of State P01000043872 DOCUMENT # 1. Entity Name WINDOWS, MIRRORS & GLASS OF SOUTH FLORIDA, INC. 05-07-2002 90116 036 ***150 00 Principal Place of Business Mailing Address 10137 NORTHWEST 46TH STREET 10137 NORTHWEST 46TH STREET SUNRISE FL 33351 SUNRISE FL 33351 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-109797 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired -- -- 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE **CORAL GABLES FL 33134** City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE CR2E034 (9/01) ☐ Addition SPOTA, ANTHONY NAME NAME 10137 NORTHWEST 46TH STREET STREET ADDRESS STREET ADDRESS SUNRISE FL 33351 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition ☐ Change ZISELMAN, ADAM NAME NAME 10137 NORTHWEST 46TH STREET STREET ADDRESS STREET ADDRESS SUNRISE FL 33351 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition SPOTA, ANTHONY --ÑÂME: NAME≅ 10137 NORTHWEST 46TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SUNRISE FL 33351 CITY-ST-ZIP D TITLE ☐ Delete TITLE ☐ Addition Change MORELLI, MICHAEL NAME NAME 10137 NORTHWEST 46TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SUNRISE FL 33351 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition COVIELLO, ROCCO NAME NAME 10137 NORTHWEST 46TH STREET STREET ADDRESS STREET ADDRESS SUNRISE FL 33351 CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 an addre

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SIGNATURE:

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED