

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91900 014 ***150.00

DOCUMENT # *P01000046475*

1. Entity Name

CAHAGUEY SHUTTERS & WINDOW CORP.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7160 SW 21 ST

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 441065

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI FLORIDA

City & State

MIAMI FLORIDA

4. FEI Number

65-1106525

Applied For

Not Applicable

Zip

Country

33155

DADE

Zip

Country

33144-1065

DADE

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

VLADIMIR RODRIGUEZ

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

7160 SW 21 ST

City

MIAMI

FL

Zip Code

33155

**DO NOT WRITE
IN THIS SPACE**

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]

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

(NOTE: Registered Agent signature required when reinstating)

4/28/03

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so, ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

NAME

STREET ADDRESS

CITY-ST-ZIP

*PRESIDENT
VLADIMIR RODRIGUEZ
7160 SW 21 ST
MIAMI FL 33155*

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

*VTD - DELETE
HERNANDEZ, PEDRO J
9678 POTAIN BLEAU BLVD #204
MIAMI FL 33172*

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 it 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/03

Date

786-234-8354

Daytime Phone #

CR2E034B (12/01)