FILED

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Jan 29, 2002 8:00 am P01000080673 DOCUMENT # **Secretary of State** 1. Entity Name 01-29-2002 90012 001 \*\*\*158.75 WINDOWS OF THE WORLD III, INC. Principal Place of Business Mailing Address 1855 GRIFFIN ROAD 1855 GRIFFIN ROAD STF 123A **STE 123A** DANIA FL 33004 DANIA FL 33004 2. Principal Place of Business 3. Mailing Address 1855 Griffin Rd. 1855 Griffin Rd. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE BIdg. # A-123/A-350 DCOTA BIda, ## A-350 DCOTA City & State City & State 4. FEI Number 1130473 Applied For Dania Beach Dania Not Applicable 3300L \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Sonia Naman PADRON, BLANCA Street Address (P.O. Box Number is Not Acceptable) 1855 GRIFFIN ROAD DCOTA BIda, # A-350 **STE 123A** DANIA FL 33004 Reach Dania 8. The above named p of changing its registered of registered office or registered agent, or both, in the State of Florida. SIGNATURE > FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE TITLE Change ☐ Addition ☐ Delete NAME NAJMAN, SONIA NAME 1855 Griffin Rd, # A-350 DCOTABldg, 1855 GRIFFIN ROAD STE 123A STREET ADDRESS STREET ADDRESS Dania Beach FL 33004 DANIA FL 33004 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME PADRON, BLANCA NAME 1855 Griffin Rd. # A-350 DCOTA Bldg. 1855 GRIFFIN ROAD STE 123A STREET ADDRESS STREET ADDRESS Dania Beach, FL 33004 CITY-ST-ZIP DANIA FL 33004 CITY-ST-ZIP TITLE, Delete ---TITLE .Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. Thereby 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 supplymental 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 attachmer

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR