

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **PQ1000105940**

1. Entity Name
SHOWER DOORS PLUS, INC.

FILED

03 JUN 13 PM 2:59

SECRETARY OF STATE
TALLAHASSEE FLORIDA



Principal Place of Business
**15441 WEST DIXIE HIGHWAY B-13
NORTH MIAMI BEACH FL 33162**

Mailing Address
**15441 WEST DIXIE HIGHWAY B-13
NORTH MIAMI BEACH FL 33162**

2. Principal Place of Business
14757 N. Miami Avenue

3. Mailing Address
Same as Box 2

Suite, Apt. #, etc.

City & State
N. MIAMI, Florida

Zip
33168

Country
Dade

City & State

Zip

Country

4. FEI Number
65-1151117

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

PLAISIR, ADELSON
15441 WEST DIXIE HIGHWAY B-13
NORTH MIAMI BEACH FL 33162

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 **X** *Adelson Plaisir* President

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

X 5-27-03

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 **D** ☐ Delete
NAME **PLAISIR, ADELSON**
STREET ADDRESS **15441 WEST DIXIE HIGHWAY B-13**
CITY-ST-ZIP **NORTH MIAMI BEACH FL 33162**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
NAME **PLAISIR, ADELSON**
STREET ADDRESS **14757 N. Miami Avenue**
CITY-ST-ZIP **Miami, FL 33168**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
000020807780
06/12/03--01075--011 **550.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
000020807780
06/12/03--01075--012 **350.00

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 an address, with all other like empowered.

SIGNATURE: **X** *Adelson Plaisir*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 5-27-03 **305-940-7021**
Date Daytime Phone #

CR2E034 (9/01)