2004

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

04 JAN 23 AM 11:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000007782

1. Entity Name

Specialty Door Co.

DO NOT WRITE IN THIS SPACE

REINSTATEMENT 03-04

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
~~1516 Flamingo Court~~	~~1516 Flamingo Court~~
Street Address (P.O. Box Number is Not Acceptable)	Street Address (P.O. Box Number is Not Acceptable)
610 N. Flagler Ave	610 N. Flagler Ave
City & State: Homestead, FL	City & State: Homestead. FL
Zip: 33030 Country: Miami-Dade	Zip: 33030 Country: Miami-Dade

4. FEI Number ☑ Applied For ☐ Not Applicable

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

7. Name and Address of Current Registered Agent

Name: Jose R Romero

Street Address (P.O. Box Number is Not Acceptable): 1516 Flamingo Court

City: Homestead FL Zip Code: 33030

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jose R. Romero 1516 Flamingo Court Homestead, FL 33030
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	800027624688 01/27/04--01001--026 **300.00
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CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Date _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2003

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City & State Homestead, FL		City & State Homestead, FL	
Zip 33030	Country Miami-Dade	Zip 33030	Country Miami-Dade

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SIGNATURE: [signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034B (12/02)

PASTRAN, P.A., CPA'S

A PROFESSIONAL ASSOCIATION OF CERTIFIED PUBLIC ACCOUNTANTS

January 9, 2003

Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

Attention: Reinstatements

Re: Specialty Door Co.
Document No. P02000007782

To Whom It May Concern:

Please find attached completed 2003 and 2004 Uniform Business Report for the above corporation, along with their check in the amount of $300.00 for the annual fee.

This corporation was formed January 16, 2002 and they were not aware they would receive a Uniform Business Report each year and did not receive one for 2003.

Due to these circumstances, we would appreciate your waiving the reinstatement fee for this corporation and accepting their completed 2003 and 2004Uniform Business Reports and payment. If you have any questions, please call me. Thank you for your assistance.

Sincerely,

Raul E. Pastran, CPA
Pastran, PA, CPA's

Encls:
REP:mf

Member of the American and Florida Institute of CPAs
E-Mail: rpastran@aol.com
333 N.E. 8th STREET, HOMESTEAD, FL 33030 • (305) 246-2122 FAX • (305) 246-4221 • (800) 282-4370