

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-09-2003 90143 023 ***150.00

DOCUMENT # P02000015315	
1. Entity Name MOTORIZED WINDOW TREATMENTS, INC.	

Principal Place of Business 4747 HOLLYWOOD BLVD., SUITE 104 HOLLYWOOD FL 33021	Mailing Address 4747 HOLLYWOOD BLVD., SUITE 104 HOLLYWOOD FL 33021
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2. Principal Place of Business 3843 PEMBROKE ROAD Suite, Apt. #, etc.	3. Mailing Address 3843 PEMBROKE ROAD Suite, Apt. #, etc.
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City & State HOLLYWOOD, FL	City & State HOLLYWOOD, FL
Zip 33021	Zip 33021

4. FEI Number 75-2980138	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent GALLEG0, MANUEL 4747 HOLLYWOOD BLVD., SUITE 104 HOLLYWOOD FL 33021
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3843 PEMBROKE ROAD City HOLLYWOOD FL Zip Code 33021
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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 <i>Manuel Gallego</i> MANUEL GALLEG0 (D) 4/4/03 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating).</small> DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE D	<input type="checkbox"/> Delete
NAME GALLEG0, MANUEL	
STREET ADDRESS 4747 HOLLYWOOD BLVD., SUITE 104	
CITY-ST-ZIP HOLLYWOOD FL 33021	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE VS.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME BLANCA GALLEG0-MILA	
STREET ADDRESS 3843 PEMBROKE ROAD	
CITY-ST-ZIP HOLLYWOOD, FL 33021	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.
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SIGNATURE: <i>Manuel Gallego</i> MANUEL GALLEG0 (D) 4/4/03 (954) 983-0260 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>
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CR2E034 (10/02)