

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 24, 2003 8:00 am**  
**Secretary of State**

01-24-2003 90107 006 \*\*\*150.00

**DOCUMENT # P02000059441**

1. Entity Name  
**SPECIALIST GARAGE DOOR, INC.**



Principal Place of Business  
**6960 S.W. 20TH STREET  
POMPANO BEACH FL 33068**

Mailing Address  
**6960 S.W. 20TH STREET  
POMPANO BEACH FL 33068**



2. Principal Place of Business  
**9324 WEDGE WOOD LN**  
Suite, Apt. #, etc.

3. Mailing Address  
**9324 WEDGE WOOD LN**  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
**TAMARAC, FL 33321**

City & State  
**TAMARAC, FL 33321**

4. FEI Number  
**03-0454025**

Applied For  
☐ Not Applicable

Zip Country  
**FL 33321**

Zip Country  
**FL 33321**

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

**6. Name and Address of Current Registered Agent**

**SALGADO, OLMEDO**  
**6960 S.W. 20TH STREET**  
**POMPANO BEACH FL 33068**

**7. Name and Address of New Registered Agent**

Name **SALGADO OLMEDO**  
Street Address (P.O. Box Number is Not Acceptable)  
**9324 WEDGE WOOD LN**  
City **TAMARAC** **FL** Zip Code **33321**

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 *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE

**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. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE **PTD** ☐ Delete  
NAME **SALGADO, OLMEDO**  
STREET ADDRESS **6960 S.W. 20TH STREET**  
CITY-ST-ZIP **POMPANO BEACH FL 33068**

TITLE **VSD** ☐ Delete  
NAME **SALGADO, ALIRIO**  
STREET ADDRESS **6960 S.W. 20TH STREET**  
CITY-ST-ZIP **POMPANO BEACH FL 33068**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE **VP, S, D** ☐ Change ☒ Addition  
NAME **SALGADO, YULIETH**  
STREET ADDRESS **9324 WEDGE WOOD LN**  
CITY-ST-ZIP **TAMARAC, FL 33321**

TITLE **D** ☒ Change ☐ Addition  
NAME **SALGADO, ALIRIO**  
STREET ADDRESS **9324 WEDGE WOOD LN**  
CITY-ST-ZIP **TAMARAC, FL 33321**

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

TITLE ☐ Change ☐ 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 information empowered.

**SIGNATURE:**

**SIGNATURE REQUIRED**

**1-21-03 (gru) 650-7737**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)