

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2008 08:00 AM
Secretary of State

DOCUMENT # P03000092863

1. Entity Name

A.B. FIRESTOP SYSTEMS, INC.



Principal Place of Business

8401 N BAYSHORE DRIVE
MIAMI, FL 33138

Mailing Address

8401 N BAYSHORE DRIVE
MIAMI, FL 33138



01042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-0177312

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

AZPIRI, GEORGE A
8401 N BAYSHORE DRIVE
MIAMI, FL 33138

**DO NOT WRITE
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000865053
04/07/08-80013-016 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME AZPIRI, GEORGE A
STREET ADDRESS 8401 N BAYSHORE DRIVE
CITY-ST-ZIP MIAMI, FL 33138

TITLE SD
NAME AZPIRI, WILDEMIR
STREET ADDRESS 3604 NW 100 ST
CITY-ST-ZIP MIAMI, FL 33147

TITLE TD
NAME AZPIRI, ASLAM
STREET ADDRESS 8401 N BAYSHORE DRIVE
CITY-ST-ZIP MIAMI, FL 33138

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

George A. Azpiri

Date

Daytime Phone #

02/05/2008 (305) 297-0071