## 2000 UNIFORM BUSINESS REPORT (UBR) FILED May 18, 2000 8:00 am Secretary of State DOCUMENT # **P92000008345** IPS WINDOW FASHIONS, INC. 05-18-2000 90299 020 \*\*\*150.00 Mailing Address Principal Place of Business 3750 WEST 16 AVE STOO WEST 10 AVE 31E 302 STE 302 HIALEATT FL 33012 HIALEAH FL-33012-4000 2. Principal Place of Business 1635 WEST 32ND. PLACE 3. Mailing Address 1635 WEST 32ND. PLACE DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc NONE NONE Applied For City & State 4. FEI Number City & State 65-0383086 HIALEAH FLORIDA HIALEAH, FLORIDA Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 33012 33012 US US 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ALVAREZ, AMADO A Street Address (P.O. Box Number is Not Acceptable) 10680 SW 113TH PLACE **STE 103 MIAMI FL 33176** Zia Code City FL 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PRESIDENT, SECRETARY, TREASURER, DIRECTOR dition JOSE R. PRIETO, JR. Delete TITLE TITLE PRIETO, JOSE R JR NAME NAME STREET ADDRESS 1635 WEST 32ND, PLACE 3750 W 16TH AVE STE 302 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL <u>HIALFAH. FLORIDA 33012</u> Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITLE Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.

JOSE R. PRIETO, JR. 02/10/2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRESIDENT

SIGNATURE:

557-2041

Daytime Phone #