2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # P93000073561 Jan 27, 2000 8:00 am **Secretary of State** MIAMI-DADE GARAGE DOOR CORPORATION 01-27-2000 90125 019 ***158.75 Principal Place of Business Mailing Address 7225 WEST THIRD COURT 7225 WEST THIRD COURT HIALEAH FL 33014-5016 HIALEAH FL 33014 2. Principal Place of Business Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0445641 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ORLANDO DE LA DZIEDZIC, WALTER Street Address (P.O. Box Number is Not Acceptable 7225 WEST 3RD COURT HIALEAH FL 33014 HARLEAN 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. ORLANDO DE LA PENA 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 OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD Change Addition TITI F TITLE Delete DZIEDZIC, WALTER NAME NAME STREET ADDRESS STREET ADDRESS 7225 WEST THIRD COURT CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33014-4 Addition **X** Delete ☐ Change TITLE DZIEDZIC, DAISY NAME STREET ADDRESS STREET ADDRESS .7225.W..3RD.COURT --- -CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33014 ☐ Change Addition Delete TITLE DZIEDZIC, DAISY NAME STREET ADDRESS STREET ADDRESS 7225 W. 3RD COURT CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL PO DECAPENA, ORLANDO ☐ Change Delete TITLE TITLE NAME NAME 7225 W 3RD COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Delete NAME NAME SANCHEZ, OGA L STREET ADDRESS 3/9/ W TIST PLACE STREET ACCRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other line empowered.

OKLANDO DE LAPENA