

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 13, 2001 8:00 am**
Secretary of State

04-13-2001 90085 047 ***150.00

DOCUMENT # P94000080820

1. Entity Name

TRIPLE CROWN SHUTTERS REPAIRS, INC.

Principal Place of Business

8034 N.W. 103RD STREET
SUITE #20
HIALEAH GARDENS FL 33016
US

Mailing Address

8034 N.W. 103RD STREET
SUITE #20
HIALEAH GARDENS FL 33016
US

2. Principal Place of Business

H50W 28ST #3

3. Mailing Address

SAME

Suite, Apt. #, etc.

#3

Suite, Apt. #, etc.

City & State

HIALEAH

City & State

Zip

33010

Country

USA

Zip

Country

4. FEI Number

65-0538284

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HERNANDEZ, JUAN A
5144 NW 199 LN LOT 595
MIAMI FL 33055

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **PD**
STREET ADDRESS **HERNANDEZ, JUAN A**
CITY-ST-ZIP **8034 N.W. 103RD STREET, SUITE #20**
HIALEAH GARDENS FL 33016TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **TD**
STREET ADDRESS **HERNANDEZ, GABRIEL**
CITY-ST-ZIP **600 E. 57TH STREET**
HIALEAH FL 33013TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)