2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State
05-28-2002 91746 017 ***150.00

DOCUMENT # P95000076149

1. Entity Name
H & B SHUTTERS, CORP ✓

Principal Place of Business	Mailing Address
8163 NW 74 AV MEDLEY Fl 33166	8163 NW 74 AV MEDLEY Fl 33166

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
216 W. 46 St	7105 S.W 8 St
Suite, Apt. #, etc.	Suite, Apt. #, etc. 103
City & State Hialeah Fl	City & State Miami Fl
Zip 33012 Country	Zip 33144 Country

4. FEI Number 65-0614522 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
Alvarez Hector
8163 N.W. 74 AV
Medley Fl. 33166

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable) 216 W 46 St
City Hialeah FL Zip Code 33166

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)

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, 2002 Fee will be $550.00
Make Check Payable to Department of State

10. 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ALVAREZ HECTOR 8163 N.W. 74 AV Medley Fl. 33166 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 216 W. 46 street Hialeah Fl 33166
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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] 4/26/02 (305)226-3443
Date Daytime Phone #