2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

P95000081722

Mailing Address

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

1815 NE 144 STREET

NORTH MIAMI FL 33181

1. Entity Name

PVC WINDOORS, INC.

Principal Place of Business

2. Principal Place of Business

1815 NE 144 STREET

NORTH MIAMI FL 33181

Suite, Apt. #, etc.

City & State

Zip



FILED Jan 10, 2003 8:00 am Secretary of State

01-10-2003 90049 016 ***150.00

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| 10001010 | | | |
|---|----------------------|--|--|
| | | | |
| ☐ CHECK HERE IF MAKING CHAI | NGES | | |
| 4. FEI Number CE 0C19300 | Applied For | | |
| 65-0618220 | Not Applicable | | |
| | 5 Additional equired | | |
| 7. Name and Address of New Registered Agent | | | |

BOUDREAU, GASTON
2455 NE 137TH STREET

NO. MIAMI BEACH FL 33181

City

Name

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

City

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. I am familiar with, and accept the obligations of registered agent.

Country

SIGNATURE

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

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

Country

6. Name and Address of Current Registered Agent

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be Added to Fees

| 10. | OFFICERS AND DIRECTORS | 11. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |
|--|---|---------------------------------------|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Delete BOUDREAU, GASTON 1815 NE 144 STREET MIAMI FL | THLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Change ☐ Addition |
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12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR BRINTED NAME OF BURNING OFFICER OR DIRECTOR

PRESIDENT 01/07/03

305-940-3609

Daytime Phone #

CR2E034 (10/