

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 01, 2001 8:00 am**
Secretary of State

03-01-2001 90061 032 ***150.00

DOCUMENT # P96000007606

1. Entity Name

SUPER BLINDS, INC.

Principal Place of Business

Mailing Address

C/O GEORGE F. HIDALGO
8201 NW 74 AVE BAY D
MEDLEY FL 33166**C/O GEORGE F. HIDALGO**
8201 NW 74 AVE BAY D
MEDLEY FL 33166

2. Principal Place of Business

14188 S.W. 139 CT.

Suite, Apt. #, etc.

3. Mailing Address

14188 S.W. 139 CT.

Suite, Apt. #, etc.

City & State

MIAMI FL.

City & State

MIAMI FL

Zip

33186

Country

DADE

Zip

33186

Country

DADE4. FEI Number **65-0642604**

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

HIDALGO, GEORGE F
8201 NW 74 AVE
BAY D
MEDLEY FL 33166

Name

Street Address (P.O. Box Number is Not Acceptable)
14188 S.W. 139 CT.

City

MIAMI

FL

Zip Code

33186

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

02/26/019. 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 **D** ☐ Delete
NAME **HIDALGO, GEORGE F**
STREET ADDRESS **8201 NW 74 AVE BAY D**
CITY-ST-ZIP **MEDLEY FL 33166**TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **14188 S.W. 139 CT.**
CITY-ST-ZIP **MIAMI FL 33186**TITLE **D** ☐ Delete
NAME **BERSANO, ROSA E**
STREET ADDRESS **8201 NW 74 AVE BAY D**
CITY-ST-ZIP **MEDLEY FL 33166**TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **14188 S.W. 139 CT.**
CITY-ST-ZIP **MIAMI FL 33186**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
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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)