

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90001 022 ***150.00

DOCUMENT # P96000009368

1. Entity Name
PROTECTIVE SHUTTERS, INCORPORATED

Principal Place of Business

**6629 ARBOR DRIVE
MIRAMAR FL 33023**

Mailing Address

**6629 ARBOR DRIVE
MIRAMAR FL 33023**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

401 N.E. 1 Ct.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hallandale FL

City & State

4. FEI Number

65-0638073

Applied For

Not Applicable

Zip

Country

Zip

Country

33009

USA

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**TORRES, GUSTAVO
6629 ARBOR DRIVE
MIRAMAR FL 33023**

7. Name and Address of New Registered Agent

Name

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

401 NE 1 Ct Suite #3

City

Hallandale

FL

Zip Code

33009

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, 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

TITLE **PD** ☐ Delete
NAME **TORRES, GUSTAVO**
STREET ADDRESS **6629 ARBOR DRIVE**
CITY-ST-ZIP **MIRAMAR FL 33023**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

4/18/02

Daytime Phone #

CR2E034 (9/01)