

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90320 004 ***150.00

DOCUMENT # **P96000009368**

1. Entity Name
PROTECTIVE SHUTTERS AND SHADES, INC.



Principal Place of Business

~~401 N.E. 1 CT~~
~~STE 3~~
~~HALLANDALE FL 33009~~

Mailing Address

~~6629 ARBOR DRIVE~~
~~MIRAMAR FL 33023~~

2. Principal Place of Business

7750 NW 5 st
Suite, Apt. #, etc.

3. Mailing Address

7750 NW 5 st.
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
Pembroke Pines, Fla.

Zip
33024 Country
United States

City & State
Pembroke Pines, Fla.

Zip
33024 Country
U.S.A.

4. FEI Number **65-0638073**

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

~~TORRES, GUSTAVO~~
~~401 NE 1 ST STE 3~~
~~HALLANDALE FL 33009~~

7. Name and Address of New Registered Agent

Name
Gustavo Torres

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

7750 NW 5 street
City **Pembroke Pines FL** Zip Code **33024**

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.

SIGNATURE **Gustavo Torres PD.**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TORRES, GUSTAVO 6629 ARBOR DRIVE MIRAMAR FL 33023	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	7750 NW 5 st Pembroke Pines FL 33024	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
7750 NW 5 st. Pembroke Pines, Fla 33024	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 OF REGISTERED AGENT**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/15/03** Daytime Phone # **(54) 987-1684**

CR2E034 (10/02)