

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90100 039 ***150.00

DOCUMENT # P96000047778

1. Entity Name
FLORIDA'S HEAT WINDOW TINTING, INC.

Principal Place of Business
4655 21 AVE. N.
SAINT PETERSBURG FL 33713
US

Mailing Address
P.O. BOX 61122
SAINT PETERSBURG FL 33784
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3383409

Applied For

Not Applicable

Zip

Country

Zip

Country

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

GERENA, MERCEDES
4655 21 AVE N
ST PETERSBURG FL 33713

Name -

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

City

FL

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.

SIGNATURE

(NOTE: Registered Agent signature required when reinstating)

DATE

4-29-02

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 **PD** ☐ Delete
 NAME **GERENA, OMAR R**
 STREET ADDRESS **700 12 AVENUE NORTH**
 CITY-ST-ZIP **SAINT PETERSBURG FL 33701**

TITLE **PD** ☐ Change ☐ Addition
 NAME **GERENA OMAR R**
 STREET ADDRESS **4655 21st AVE N**
 CITY-ST-ZIP **SAINT PETERSBURG FL 33783**

TITLE **VSTD** ☐ Delete
 NAME **GERENA, MERCEDES**
 STREET ADDRESS **700 12 AVENUE NORTH**
 CITY-ST-ZIP **SAINT PETERSBURG FL 33701**

TITLE **VSTD** ☐ Change ☐ Addition
 NAME **GERENA MERCEDES**
 STREET ADDRESS **4655 21st AVE N**
 CITY-ST-ZIP **SAINT PETE FL 33713**

TITLE **~~VSTD~~** ☐ Delete
 NAME **~~JAZEP PEREZ~~**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VSTD** ☐ Change ☐ Addition
 NAME **JAZEP PEREZ**
 STREET ADDRESS
 CITY-ST-ZIP **SAINT PETE, FL 33713**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ 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

4-29-02 **727-215-9199**
 Date Daytime Phone #

CR2E034 (9/01)