FILED

## **2001 UNIFORM BUSINESS REPORT (UBR)**

changed, or on an attachment with a

SIGNATURE AND TO

**SIGNATURE:** 

ath all other like empowered.

NTED NAME OF SIGNING OFFICER OR DIRECTOR

## Jan 25, 2001 8:00 am Secretary of State DOCUMENT # P96000060634 1. Entity Name CALLEJA'S SHUTTERS, INC. 01-25-2001 90224 009 \*\*\*150.00 Principal Place of Business Mailing Address 9977 N.W. 127TH TERR 9977 N.W. 127TH TERR HIALEAH GARDENS FL 33018 HIALEAH GARDENS FL 33018 801142 2. Principal Place of Business 3. Mailing Address 9977 NW 127 TAGO. 9977 NW Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0687049 Cordans Hialoah Hialeah Not Applicable Country \$8.75 Additional Zip 330/8 5. Certificate of Status Desired DADE DADE Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Callosa Sericio CALLEJA, SERGIO T .O. Box Number is Not Acceptable 9977 N.W. 127 TERRACE HIALEAH GARDENS FL 33018 8. The above named entity submits this statem it for the purpose of changing its registered office or registered agent, or both, in the State of Florida (NOTE: Registered Agent signature required when reinstating) agent and title if applicable Signature, typed or printed name of regis FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change Addition TITLE ☐ Delete CALLEJA, SERGIO T NAME STREET ADDRESS 9979 N.W. 127 TERRACE STREET ADDRESS NW CITY-ST-ZIP CITY-ST-ZIF HIALEAH GARDENS FL 33018 33018 ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IE CITY-ST-ZIP ☐ Addition TITLE ☐ Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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