

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2002 8:00 am
Secretary of State
 03-03-2002 90086 023 ***150.00

DOCUMENT # P96000060634

1. Entity Name
CALLEJA'S SHUTTERS, INC.

Principal Place of Business

9977 N.W. 127TH TERR
 HIALEAH GARDENS FL 33018
 US

Mailing Address

9977 N.W. 127TH TERR
 HIALEAH GARDENS FL 33018
 US

2. Principal Place of Business

295 West 27th. Street

Suite, Apt. #, etc.

3. Mailing Address

295 West 27th. Street

Suite, Apt. #, etc.

City & State
Hialeah, Florida

Zip
33010

Country
U.S.A.

City & State
Hialeah, Florida

Zip
33010

Country
U.S.A.

4. FEI Number

65-0687049

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

CALLEJA, SERGIO T
9977 N.W. 127 TERRACE
HIALEAH GARDENS FL 33018

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
9977 N.W. 127 Terrace

City **Hialeah Gardens**

FL

Zip Code
33018

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 **CALLEJA, SERGIO T**
 STREET ADDRESS **9979 N.W. 127 TERRACE**
 CITY-ST-ZIP **HIALEAH GARDENS FL 33018**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

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TITLE ☐ Delete
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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 **correcting address only**
 STREET ADDRESS **9977 N.W. 127 Terrace**
 CITY-ST-ZIP **Hialeah Gardens, Fl. 33018**

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

TITLE ☐ Change ☐ Addition
 NAME
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 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 REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/30/2002 (305) 884-3939
 Date Daytime Phone #

CR2E034 (9/01)