

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000062924

1. Entity Name

WINDOW WORKS & COVERING

Principal Place of Business

Mailing Address

P.O. BOX 12415  
TALL. FL, 32317

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3409324

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MASoud Fahimipour  
P.O. BOX 12415  
TALL, FL, 32317

Name MASoud Fahimipour  
Street Address (P.O. Box Number is Not Acceptable)  
~~1601 BOX 1011~~  
1621 CAPITAL CIR NE  
City TALL, FL Zip Code 32308

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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP  
1 MASoud Fahimipour  
P.O. BOX 12415  
TALL, FL, 32317

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE 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

Date

Daytime Phone #

1621 NW Capital  
192

FILED

00 DEC 11 AM 11:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E034 (9/99)

SP

P96000062924

202

From: Window Works & Covering  
P.O. BOX 12415  
Tallahassee, Florida 32317

TO:

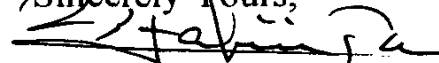
Date: Dec. 11, 2000

Dear Sir/Madam:

This letter is to request for renewal of my Annual Report for Window Works & Covering Inc. for year 2000. The location of my business had changed this year and as a result I had a change of address. I did not receive the renewal form from your office this year. I was notified by my attorney last week that Window Works was not in "Active Status". I would greatly appreciate your assistance in renewing my application and change of address. My new mailing address is P.O. Box 12415 Tallahassee, Florida 32312.

I thank you in advance for your help in this matter.

Sincerely Yours,



Masoud Fahimipour