

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000097441

1. Entity Name

SOUTH FLORIDA HURRICANE SHUTTERS, INC.

Principal Place of Business

2740 E OAKLAND PARK BLVD.
#204
FT LAUDERDALE FL 33306

Mailing Address

2740 E OAKLAND PARK BLVD.
#204
FT LAUDERDALE FL 33306

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 65-0723352

Applied For

Not Applicable

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

WEINER, EUGENE
2740 E. OAKLAND PARK BLVD
#204
FT LAUDERDALE FL 33308

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

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, 2001 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	P	<input type="checkbox"/> Delete
NAME	WEINER, EUGENE	
STREET ADDRESS	2841 N. OCEAN BLVD. #1604	
CITY-ST-ZIP	FT LAUDERDALE FL 33308	
TITLE	S	<input type="checkbox"/> Delete
NAME	VENEYER, PENNY L	
STREET ADDRESS	190 S.W. 77TH AVENUE	
CITY-ST-ZIP	MARGATE FL 33068	
TITLE	T	<input type="checkbox"/> Delete
NAME	ROSTANT, MABLE	
STREET ADDRESS	2841 N. OCEAN BLVD. #1604	
CITY-ST-ZIP	FT LAUDERDALE FL 33308	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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

4/23/01

(954) 566-6765

Daytime Phone #

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90329 001 ***150.00
05-16-2001 90329 002 *****8.75

72419



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

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