2000 UNIFORM BUSINESS REPORT (UBR)

May 16, 2000 8:00 am Secretary of State DOCUMENT # **P97000004716** TROPICAL SHUTTERS CORP. 05-16-2000 90085 016 ***158.75 Mailing Address Principal Place of Business 1328 BIARRITZ DR 1328 BIARRITZ DR MIAMI BEACH FL 33141-3636 MIAMI BEACH FL 33141 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0718782 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name VAZQUEZ, JOSÉ A Street Address (P.O. Box Number is Not Acceptable) 1328 BIARRITZ DR MIAMI BEACH FL 33141 Zip Code 8. The above named explity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE 💆 t and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Change ☐ Addition PD TITLE TITLE ☐ Delete VAZQUEZ, JOSE A NAME NAME STREET ADDRESS STREET ADDRESS 1328 BIARRITZ DR CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH FL 33141 ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITL F ☐ Defete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IF CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE 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 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 jeport 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.

AME OF SIGNING OFFICER OR DIRECTOR

FILED