

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2002 8:00 am
Secretary of State

01-31-2002 90040 028 ***150.00

DOCUMENT # P97000039492

1. Entity Name
R & R WINDOW MOTORS, INC.

Principal Place of Business
**10880 S.W. 186 STREET
UNIT # 50
MIAMI FL 33157**

Mailing Address
**PO BOX 651725
MIAMI FL 33265-1725**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **NOT APPLICABLE**

Applied For
Not Applicable

Zip Country

Zip Country

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

**GALVEZ, LIZETTE
10880 S.W. 186 STREET
UNIT #50
MIAMI FL 33157**

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 _____ (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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|---------------------------------------|--|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | GALVEZ, LIZETTE | |
| STREET ADDRESS | 10880 S.W. 186 STREET UNIT #50 | |
| CITY-ST-ZIP | MIAMI FL 33157 | |
| TITLE | VSAT | <input checked="" type="checkbox"/> Delete |
| NAME | XXXXXXXXXXXX | |
| STREET ADDRESS | XXXXXXXXXXXX | |
| CITY-ST-ZIP | XXXXXXXXXXXX | |
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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: Lizette Galvez 1/14/02 305-637-5008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)