

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2000 8:00 am
Secretary of State
 05-02-2000 90092 039 ***158.75

DOCUMENT # P97000058875

1. Entity Name
ALLSTATE WINDOWS, DOORS & SHUTTERS, INC.

Principal Place of Business 7173 N.W. 52ND ST. MIAMI FL 33166 US	Mailing Address 7173 N.W. 52ND ST. MIAMI FL 33166-4848 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0776522		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
LIPTON, MARTIN 7173 N.W. 52ND ST. MIAMI FL 33166		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	

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)

Signature, typed or printed name of registered agent and title if applicable. DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: D NAME: LIPTON, MARTIN STREET ADDRESS: 9401 S.W. 93RD CT. CITY-ST-ZIP: MIAMI FL 33176 <input type="checkbox"/> Delete	TITLE: PD NAME: LIPTON, MARTIN STREET ADDRESS: 9401 SW 93rd Court CITY-ST-ZIP: Miami, FL 33176 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE: ST NAME: DAVITZ, JOSEPH STREET ADDRESS: 9401 S.W. 93RD CT. CITY-ST-ZIP: MIAMI FL 33176 <input type="checkbox"/> Delete	TITLE: STD NAME: DAVITZ, JOSEPH STREET ADDRESS: 7427 Twin Sable Drive CITY-ST-ZIP: Miami Lakes, FL 33014 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE: - NAME: - STREET ADDRESS: - CITY-ST-ZIP: - <input type="checkbox"/> Delete	TITLE: - NAME: - STREET ADDRESS: - CITY-ST-ZIP: - <input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE: - NAME: - STREET ADDRESS: - CITY-ST-ZIP: - <input type="checkbox"/> Delete	TITLE: - NAME: - STREET ADDRESS: - CITY-ST-ZIP: - <input type="checkbox"/> Change <input type="checkbox"/> Addition		

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: *Joseph Davitz* **REQUIRED** **4/26/2000** **305-513-3388**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)