

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000058875

Entity Name
LLSTATE WINDOWS, DOORS & SHUTTERS, INC.

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90159 035 ***158.75

Principal Place of Business

73 N.W. 52ND ST.
MIAMI FL 33166

Mailing Address

7173 N.W. 52ND ST.
MIAMI FL 33166
US



Principal Place of Business

5205 NW 72nd Ave

3. Mailing Address

5205 NW 72nd Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Miami FL

City & State
Miami FL

4. FEI Number 65-0776522

Applied For
Not Applicable

Zip 33166

Country USA

Zip 33166

Country USA

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

LIPTON, MARTIN

7173 N.W. 52ND ST.
MIAMI FL 33166

Name

Street Address (P.O. Box Number is Not Acceptable)

5205 NW 72nd Avenue

City Miami

FL

Zip Code 33166

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

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

OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

LE ME REET ADDRESS Y-ST-ZIP
D LIPTON, MARTIN
9401 S.W. 93RD CT.
MIAMI FL 33176 ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP
☐ Change ☐ Addition

LE ME REET ADDRESS Y-ST-ZIP
ST DAVITZ, JOSEPH
1120 NE 100TH STREET
MIAMI FL 33138 ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP
☐ Change ☐ Addition

LE ME REET ADDRESS Y-ST-ZIP
☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP
☐ Change ☐ Addition

LE ME REET ADDRESS Y-ST-ZIP
☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP
☐ Change ☐ Addition

LE ME REET ADDRESS Y-ST-ZIP
☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP
☐ Change ☐ Addition

LE ME REET ADDRESS Y-ST-ZIP
☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP
☐ Change ☐ Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-02

Date

305-513-3388

Daytime Phone #

CR2E034 (9/01)