

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000088351

1. Entity Name
AWNING CENTER, CORP.

FILED
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90042 008 ***158.75

Principal Place of Business

7921 N.W. SOUTH RIVER DR., BOX 108
MEDLEY FL 33166

Mailing Address

7921 N.W. SOUTH RIVER DR., BOX 108
MEDLEY FL 33166

2. Principal Place of Business

709 West 26 ST

Suite, Apt. #, etc.

Hialeah, FL

City & State

33010

Zip

Country

3. Mailing Address

PO Box 770246

Suite, Apt. #, etc.

Miami Florida

City & State

33177

Zip

Country



715543

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0778718

Applied For

Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

RODRIGUEZ, ALEJANDRO
10,000 NW 80 CT
#2322
HIALEAH FL 33016

7. Name and Address of New Registered Agent

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

TITLE ☐ Delete
NAME **PSTD**
STREET ADDRESS **RODRIGUEZ, ALEJANDRO**
CITY-ST-ZIP **10000 NW 80 CT, #2322**
HIALEAH FL 33016

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **PSTD Alejandro Rodriguez**
STREET ADDRESS **13940 SW 159 TERR**
CITY-ST-ZIP **MIAMI, FL, 33177**

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

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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: **Alejandro Rodriguez** **02/06/01** **(305) 885-0704**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)