

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000003200

1. Entity Name

AWNING DESIGNS BY WEATHER BLOCK, INC.

**FILED**  
May 05, 2000 8:00 am  
Secretary of State

05-05-2000 90071 009 \*\*\*150.00

Principal Place of Business

1701 NW 33 STREET  
POMPANO BEACH FL 33064

Mailing Address

1701 NW 33 STREET  
POMPANO BEACH FL 33064-1327

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0806284

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

MILLER, ROSE  
1701 NW 33 STREET  
POMPANO BEACH FL 33064

Name

KEVIN GLEASON PA

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

2699 STIRLING ROAD

Suite A-201

City

FORT LAUDERDALE

FL

Zip Code

33312

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

*Rose Miller* ROSE MILLER

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, 2000 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** ☐ Delete  
NAME PEARLSTEIN, MARK  
STREET ADDRESS 1701 NW 33 STREET  
CITY-ST-ZIP POMPANO BEACH FL 33064

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

TITLE **VP** ☒ Delete  
NAME FIELER, WILLIAM  
STREET ADDRESS 10470 SW 119TH STREET  
CITY-ST-ZIP MIAMI FL 33176

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

TITLE **ST** ☐ Delete  
NAME PEARLSTEIN, MARILYN  
STREET ADDRESS 7590 FENWICK PLACE  
CITY-ST-ZIP BOCA RATON FL 33496

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

TITLE **VP** ☐ Delete  
NAME GEORGE FOERST  
STREET ADDRESS 1509 NE 27TH DRIVE  
CITY-ST-ZIP WILTON MANORS FL 33334

TITLE **VP** ☐ Change ☒ Addition  
NAME GEORGE J FOERST III  
STREET ADDRESS 1509 NE 27 AVENUE  
CITY-ST-ZIP WILTON MANORS, FL 33334

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)