FILED
May 21, 2001 8:00 am
Secretary of State

05-21-2001 90352 014 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000028703

1. Entity Name

MIAMI CURTAIN WALL CONSULTANTS, CORP

Principal Place of Business	Mailing Address
368 MINORCA AVE. CORAL GABLES, FL 33134	368 MINORCA AVE. CORAL GABLES, FL. 33134

A0070637

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
4901 S.W. 75TH AVE.		4901 S.W. 75TH AVE.	
Suite, Apt #, etc.		Suite, Apt #, etc.	
City & State: MIAMI, FL.		City & State: MIAMI, FL.	
Zip: 33155	Country: USA	Zip: 33155	Country: USA

4. FEI Number: 65-0828472 ☐ Applied For ☐ Not Applicable

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
ARAZOZA, COMAS DE TORRES & FERNANDEZ-FRAGA, P.A. 2100 SALZEDO STREET SUITE 300 CORAL GABLES, FL. 33134	Name: ARAZOZA & FERNANDEZ-FRAGA, P.A. Street Address (P.O. Box Number is Not Acceptable): 2100 SALZEDO STREET, SUITE 300 City: CORAL GABLES FL Zip Code: 33134

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 ____________________ 4/30/01
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	VPS	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	MEDINA, JOHN R		NAME		
STREET ADDRESS	730 SEVILLE AVE		STREET ADDRESS		
CITY - ST - ZIP	CORAL GABLES, FL. 33134		CITY - ST - ZIP		
TITLE	PT	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	CHOOPANI, JEFF		NAME		
STREET ADDRESS	8520 ARDOCK ROAD		STREET ADDRESS		
CITY - ST - ZIP	MIAMI LAKES, FL 33016		CITY - ST - ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		

CR2E034 (11/00)

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: John R Medina 4-30-01 (305) 710-0554
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

STF FL32381F.1