

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000052517

1. Entity Name
AMERICAN SHUTTERS & AWNINGS, INC.

FILED
Apr 14, 2001 8:00 am
Secretary of State

04-14-2001 90037 015 ***150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business
18361 NE 4TH CT
NORTH MIAMI BEACH FL 33179
US

Mailing Address
18361 NE 4TH CT
NORTH MIAMI BEACH FL 33179
US

2. Principal Place of Business
18361 NE 4TH CT
Suite, Apt. #, etc.

3. Mailing Address
18361 NE 4TH CT
Suite, Apt. #, etc.

City & State
North Miami Beach
Zip 33179 Country FL

City & State
North Miami Beach
Zip FL 33179 Country FL

6. Name and Address of Current Registered Agent
WOLNIK, HUBERT
18361 NE 4TH CT
MIAMI FL 33177

4. FEI Number 65-0848176
Applied For
Not Applicable

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

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. **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
(See criteria on back) **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 NAME STREET ADDRESS CITY-ST-ZIP	PVT WOLNIK, EDITH 18361 NE 4TH CT NORTH MIAMI BEACH FL 33179	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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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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: E. Wolnik Edith Wolnik
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-10-01 12:15 pm

Date Daytime Phone #

CR2E034 (10/00)