

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 28, 2003 8:00 am
Secretary of State

07-28-2003 90136 010 ***150.00

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DOCUMENT # P98000081496

1. Entity Name

VORTEX WALL SYSTEMS, INC.

(L)



Principal Place of Business

10180 NW 47TH STREET
SUNRISE FL 33351

Mailing Address

10180 NW 47TH STREET
SUNRISE FL 33351

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0864108

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SALORIO, ANTONIO

1844 N NOB HILL ROAD STE 169
PLANTATION FL 33322

7. Name and Address of New Registered Agent

Name

Antonio Salorio

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

9904 NW 71st Street

City

TAMARAC

FL

Zip Code

33321

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME D
STREET ADDRESS SALORIO, ANTONIO
CITY-ST-ZIP 9904 NW 71ST STREET
TAMARAC FL 33321

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

12. 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 10 or Block 11 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

7/16/03

Date

(951) 294-6759

Daytime Phone #

CR2E034 (4/03)

Attachment #

lewis a. desaritz, p.a.
certified public accountant

90147333

member of:
florida institute of certified public accountants

suite 301
7481 west oakland park blvd.
lauderhill, florida 33319

lewis a. desaritz, c.p.a

954-742-6677
954-742-0476 (fax)

July 23, 2003

Florida Department of State
Uniform Business Report
Division of Corporations

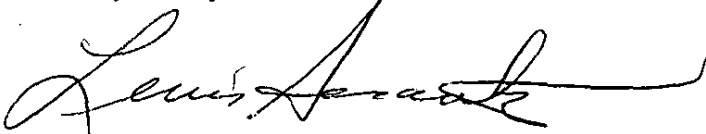
P.O. Box-1500
Tallahassee, FI 32302-1500

Re: ~~Vortex Wall Systems, Inc~~
P98000081496

Dear Sirs,

I respectfully request an abatement of the \$400 late fee imposed on my client. They did not receive the original form. If you check my clients records, you will find that they have filed timely in the past.

Thank you for your consideration in this matter.



Lewis A. Desaritz
Certified Public Accountant