2000 UNIFORM BUSINESS REPORT (UBR)

FILED May 24, 2000 8:00 am Secretary of State DOCUMENT # **P98000086424** 1. Entity Name ADVANCED SHUTTER CORP. 05-24-2000 90195 007 ***150.00 Mailing Address Principal Place of Business 13727 S.W. 152 ST. #105 13727 S.W. 152 ST. #105 MIAMI FL 33177-1106 MIAMI FL 33177 OBIC 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0867956 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Nāme PEREZ. PABLO JR. Street Address (P.O. Box Number is Not Acceptable) 14613 S.W. 155 PL. MIAMI FL 33196 Zip Code City FL 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11, Change ☐ Addition PD TITLE ☐ Delete TITLE PEREZ. PABLO JR. NAME NAME STREET ADDRESS STREET ADDRESS 14613 S.W. 155 PL. CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33196 ☐ Addition Change TITLE ☐ Delete RIVERA, JEANDELIZE A NAME NAME STREET ADDRESS 14613 S.W. 155 PL. STREET ADDRESS CITY-ST-ZIP CITY - ST-74P MIAMI FL 33196 Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS 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.

Daytime Phone #

CROFINA (9/99)