2000 UNIFORM BUSINESS REPORT (UBR)

of the corporation or the receichanged, or on an attachmen

SIGNATURE:

FILED DOCUMENT # P98000103964 Apr 19, 2000 8:00 am Secretary of State THE SHUTTERS WAREHOUSE INC. 04-19-2000 90010 006 ***150.00 Mailing Address Principal Place of Business 2220 WEST 8 CT. 2220 WEST 8 CT. HIALEAH FL 33013-0236 HIALEAH FL 33010 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0901115 Not Applicable \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required -7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HERRERO, HUBERT JR. Street Address (P.O. Box Number is Not Acceptable) 2220 WEST 8 CT. HIALEAH FL 33010 Zip Code 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. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Change Change Addition TITLE ☐ Delete TITLE 2214 WEST & LOURT NAME HERRERD, SILVIA M STREET ADDRESS STREET ADDRESS 2220 WEST 8TH COURT CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33010 **∠**Change Addition ☐ Delete TITLE TITLE NAME NAME HERRERD, HUBERT JR STREET ADDRESS STREET ADDRESS 2220 WEST 8TH COURT CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33010 Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 supplimental 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