


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0026505 AV

DOCUMENT # P99000028042	
1. Entity Name ALL PRECISION SHUTTERS, INC.	

FILED

03 OCT -6 PM 1:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 6151 FLAGLER STREET HOLLYWOOD FL 33023	Mailing Address 6151 FLAGLER STREET HOLLYWOOD FL 33023
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2. Principal Place of Business 7546 W. MCNAB RD. Suite, Apt. #, etc. BAY-18	3. Mailing Address 9461 SW S2PL Suite, Apt. #, etc.
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☒ CHECK HERE IF MAKING CHANGES

City & State N. LAUDERDALE FL.	City & State COOPER CITY, FL.
Zip 33068	Zip 33328
Country USA	Country USA

4. FEI Number 65-0912872	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ORTEGA, DIEGO 6151 FLAGLER STREET HOLLYWOOD FL 33023
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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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Diego Ortega</i></u> DATE <u>SEPT. 30, 03</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>
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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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE PD	<input type="checkbox"/> Delete
NAME ORTEGA, DIEGO	
STREET ADDRESS 6151 FLAGLER STREET	
CITY-ST-ZIP HOLLYWOOD FL 33023	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

200023527382
10/03/03--01006--026 **750.00

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: <u><i>Diego Ortega</i></u> SIGNATURE REQUIRED	DATE <u>SEPT. 30, 03</u>	DAYTIME PHONE #
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CR2E034 (4/03)