

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #P99000030192

1. Entry Name

EXCLUSIVE DOORS, INC.

FILED
Apr 14, 2000 8:00 am
Secretary of State

04-14-2000 90129 001 ***150.00

Principal Place of Business

Mailing Address

11875 S.W. 169 St.
Miami, Fl. 33177

11875 S.W. 169 St.
Miami, Fl. 33177

CU001000

2. Principal Place of Business

11875 S.W. 169 St.

3. Mailing Address

11875 S.W. 169 St.

Suite Apt. # etc.

Suite Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Miami, Fl. 33177

City & State

Miami, Fl. 33177

4. FEI Number

65-0911184

Applied For

Not Applicable

Zip

33177

Country

USA

Zip

33177

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RAFAEL HERNANDEZ
11875 S.W. 169 St.
Miami, Fl 33177

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.

Rafael Hernandez

Registered Agent.-

04.03.00

SIGNATURE

Signature (Typed or printed name of registered agent and date 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.
(See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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	PD	HERNANDEZ, Rafael	<input type="checkbox"/> Delete
NAME		11875 S.W. 169 St.	
STREET ADDRESS		Miami, Fl. 33177	
CITY - ST - ZIP			
TITLE	SD	HERNANDEZ, Otniel	<input type="checkbox"/> Delete
NAME		13100 S.W. 92 Avenue	
STREET ADDRESS		Miami, Fl. 33176	
CITY - ST - ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE			<input type="checkbox"/> Delete
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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	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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:

RAFAEL HERNANDEZ

President

04.03.00

(305)252-3796

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)