

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000039203**

1. Entity Name

FLORIDA SUN AND STORM PROTECTION, INC.**FILED****Jan 25, 2000 8:00 am**
Secretary of State

01-25-2000 90103 030 ***150.00

Principal Place of Business

Mailing Address

19304 WEST LAKE DRIVE
MIAMI FL 33015**19304 WEST LAKE DRIVE**
MIAMI FL 33015-2243**AU011121**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0919375

Applied For

Not Applicable

Zip

Country

Zip

Country

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

COSTA, CARLOS
19304 WEST LAKE DRIVE
MIAMI FL 33015

Name

COSTA JR. CARLOS

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

19304 W LAKE DRIVE

City

MIAMI**FL**

Zip Code

33015

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.

SIGNATURE

Signature, typed or printed name of registered agent and title 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 State10. 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 **D** ☒ Delete
NAME **COSTA, CARLOS**
STREET ADDRESS **19304 WEST LAKE DRIVE**
CITY-ST-ZIP **MIAMI FL 33015 157-38-0061**TITLE **COSTA JR, CARLOS** ☒ Change ☐ Additio
NAME **19304 W LAKE DR**
STREET ADDRESS **MIAMI FL 33015**
CITY-ST-ZIP **594-26-6763**TITLE ☐ Delete
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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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(305) 829-1017