

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000041785

1. Entity Name

FORTE'S ACCORDION SHUTTERS CORP.

Principal Place of Business

13280 NW 43 AVE., BAY 2
OPA LOCKA FL 33054

Mailing Address

13280 NW 43 AVE., BAY 2
OPA LOCKA FL 33054

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0912833

Applied For

Not Applicable

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

FORTE, ELISARDO
839 W 34 ST
HIALEAH FL 33012

Name Forte, Elisardo
Street Address (P.O. Box Number is Not Acceptable)

18936 NW 57 Av. Ap. 104
City Miami Lakes, Fl. 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, 2001 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 DP
NAME FORTE, ELISARDO
STREET ADDRESS 839 W. 34TH STREET
CITY-ST-ZIP HIALEAH FL 33012 ☐ Delete

TITLE DP
NAME Forte, ELisardo
STREET ADDRESS 18936 NW 57 Av. Ap. 104
CITY-ST-ZIP Miami Lakes, Fl. 33015 ☒ Change ☐ Addition

TITLE VP
NAME AZOS, CLAUDIA P
STREET ADDRESS 17111 NW 47 CT
CITY-ST-ZIP CAROL CITY-FL 33055 ☐ Delete

TITLE VP
NAME Forte, Claudia P.
STREET ADDRESS 18936 NW 57 Av. Ap. 104
CITY-ST-ZIP Miami Lakes, Fl. 33015 ☒ Change ☐ Addition

TITLE VP
NAME ESTRADA, ALEXANDER
STREET ADDRESS 58 W. 30TH STREET #5
CITY-ST-ZIP HIALEAH FL 33012 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 #



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90118 024 ***150.00