

LOST ON NEVER REC

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

YEM

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91338 030 ***150.00

DOCUMENT # P99000055957

1. Entity Name
ABC HURRICANE SHUTTERS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5075-B 159th ST
Suite, Apt. #, etc.

3. Mailing Address
SAME
Suite, Apt. #, etc.
SAME

DO NOT WRITE IN THIS SPACE

City & State
HIALEAH, FL.

City & State
SAME

4. FEI Number
65-0922226

Applied For
Not Applicable

Zip
32014

Country
MIAMI-DADE

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
RIZK, TOMMY

Street Address (P.O. Box Number is Not Acceptable)
6643 NW 174th LANE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
RIZK, TOMMY
5075-B NW 159th ST
HIALEAH, FL. 32014

TITLE
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CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Date: 4-28-02 Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)