## FILED Sep 11, 2000 8:00 am Secretary of State 09-11-2000 90013 014 \*\*\*150.00 00004837 DO NOT WRITE IN THIS SPACE Applied For Not Applicable \$8.75 Additional Fee Required Zip Code DATE 10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees ☐ Change Addition

## City & State 4. FEI Number Country Zip Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name JONES, ERNEST SR. Street Address (P.O. Box Number is Not Acceptable) --4820 N.W. 22ND AVENUE **MIAMI FL 33142** City 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. ٠. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. TITLE ☐ Delete TITLE JONES, ERNEST SR. NAME NAME STREET ADDRESS STREET ADDRESS 4820 NW 22ND AVE. CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33142** ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition 7171 F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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.

SIGNING OFFICER OR DIRECTOR

2000 UNIFORM BUSINESS REPORT (UBR)

Mailing Address

4820 N.W. 22ND AVENUE

MIAMI FL 33142-4064

3. Mailing Address

Suite, Apt. #, etc.

20*7*7

3899 N.N 7

DOCUMENT # P99000056510

EAST COAST DOOR & WINDOWS, INC.

1. Entity Name

MIAMI FL 33142

Principal Place of Business 4820 N.W. 22ND AVENUE

2. Principal Place of Business

Suite, Apt. #, etc.

Daytime Phone #

TUSU83 7 6510 08/08/00

To: DEPARTMENT of STATE

Subject: East Coast Door & WINDOND INC.

Host we mever received the first version of the Annoal Report we are including as agreed the Original \$15000 fee.

Sincerely yours

Ernest PONES ST.