

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90112 023 ***150.00

DOCUMENT # P99000062075

1. Entity Name

DUCT DUDES, INC.

Principal Place of Business

Mailing Address

~~4631 SW. 152ND TERRACE~~
~~MIRAMAR FL 33027~~

~~4631 SW. 152ND TERRACE~~
~~MIRAMAR FL 33027~~

2. Principal Place of Business

13675 S.W. 24th ST.

3. Mailing Address

13675 S.W. 24th ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DAVIE, FLA.

City & State

DAVIE, FLORIDA

4. FEI Number

65-0933376

Applied For

Not Applicable

Zip

Country

33325

USA

Zip

Country

33325

BROWARD

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

TORRES, JUAN

~~4631 SW. 152ND TERRACE~~
~~MIRAMAR FL 33027~~

13675 S.W. 24th ST.

DAVIE, FLA. 33325

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.

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	D	<input type="checkbox"/> Delete
NAME	TORRES, JUAN	
STREET ADDRESS	4631 SW. 152ND TERRACE	
CITY-ST-ZIP	MIRAMAR FL 33027	
TITLE		<input type="checkbox"/> Delete
NAME	TORRES, JUAN	
STREET ADDRESS	13675 S.W. 24 ST.	
CITY-ST-ZIP	DAVIE, FLORIDA. 33325	
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		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 #

4-25-01

954-424-1564

CR2E034 (10/00)