

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90430 036 \*\*\*150.00

DOCUMENT # P 99 0000 67380

1. Entity Name

STORMY SHUTTERS, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

4381 W. FLAGLER ST.

3. Mailing Address

4381 W. FLAGLER ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

3

3

City & State

Miami FL

City & State

Miami FL

4. FFL Number

65-0937281

Applied For

Not Applicable

Zip

33134

Country

USA

Zip

33134

Country

USA

5. Certificate of Status Desired ☒ ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Luis E. Cruz

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

4381 W. FLAGLER ST. #3

City

Miami

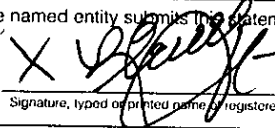
FL

Zip Code

33134

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:

X  Luis E. Cruz, President

4/29/02

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) ☐

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	SPT CRUZ, Luis E. 4381 W. FLAGLER ST. #3 Miami FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

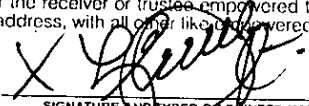
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

CR2E034B (12/01)

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 information.

SIGNATURE:

X  Luis E. Cruz

4/29/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Duration (Days)