

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91409 033 ***150.00

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DOCUMENT # P99000067380

1. Entity Name
STORMY SHUTTERS, INC.



Principal Place of Business
**4381 W. FLAGLER STREET
SUITE 3
MIAMI FL 33134
US**

Mailing Address
**4381 W. FLAGLER STREET
SUITE 3
MIAMI FL 33134
US**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
96 NW 43 PLACE
Suite, Apt. #, etc.

3. Mailing Address
96 NW 43 PLACE
Suite, Apt. #, etc.

City & State
MIAMI FL
Zip
33126
Country

City & State
MIAMI FL
Zip
33126
Country

4. FEI Number
65-0937281

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CRUZ, LUIS E
4381 W. FLAGLER STREET
SUITE 3
MIAMI FL 33134**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
96 NW 43 PLACE
City
MIAMI FL Zip
33126

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **X [Signature]**
Signature, typed or printed name of registered agent and title if applicable.

LUIS CRUZ, PRESIDENT 4/30/03

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SPT
CRUZ, LUIS E
4381 W. FLAGLER STREET -SUITE 3
MIAMI FL 33134** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**96 NW 43 PLACE
MIAMI FL 33126** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **X [Signature]** **SIGNATURE REQUIRED** **LUIS CRUZ 4/30/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)