

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000087375

1. Entity Name

COASTAL SHUTTERS, INC.

FILED

Jan 24, 2000 8:00 am  
Secretary of State

01-24-2000 90056 023 \*\*\*150.00

Principal Place of Business

Mailing Address

~~4770 BISCAYNE BLVD., SUITE 950~~  
~~MIAMI FL 33137~~

~~4770 BISCAYNE BLVD., SUITE 950~~  
~~MIAMI FL 33137-9244~~

2. Principal Place of Business

3789 NW 46 ST

Suite, Apt. #, etc.

3. Mailing Address

3789 NW 46 ST

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

6V-0951977

Applied For

Not Applicable

Zip

33142

Country

DADE

Zip

33142

Country

DADE

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

RODRIGUEZ, JOSE A  
777 BRICKELL AVE. SUITE 950  
MIAMI FL 33131

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, 2000 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	CICERO, MATHEW J	
STREET ADDRESS	4770 BISCAYNE BLVD., SUITE 950	
CITY-ST-ZIP	MIAMI FL 33137	
TITLE	S	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3789 NW 46 ST	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE	SEC/TREAS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAUL H. BENNETT	
STREET ADDRESS	3789 NW 46 ST	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

PAUL H. BENNETT

Date

01/18/00

Daytime Phone #

305  
633-3351

CR2E034 (9/99)