

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000092238 ✓

1. Entity Name

WINDSTORM SHUTTERS, INC.

FILED
Mar 26, 2001 8:00 am
Secretary of State

03-26-2001 90019 041 ***150.00

Principal Place of Business

Mailing Address

17317 SW 142ND COURT. #120
MIAMI FL 33177

17317 SW 142ND COURT. #120
MIAMI FL 33177

2. Principal Place of Business

13260 SW 131ST

3. Mailing Address

13260 SW 131ST

Suite, Apt. #, etc.

UNIT 120

Suite, Apt. #, etc.

UNIT 120

City & State

Miami FL

City & State

Miami FL

4. FEI Number

65-0960857 ✓

Applied For

Not Applicable

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

ASTUDILLO, DAVID

17317 SW 142ND COURT

MIAMI FL 33177

Name

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

13260 SW 131ST

City

Miami FL

FL

Zip Code

33176

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 | P | <input type="checkbox"/> Delete |
| NAME | ASTUDILLO, DAVID | |
| STREET ADDRESS | 13260 S.W. 140 ST. | |
| CITY-ST-ZIP | MIAMI FL 33186 | |
| 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 type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|------------------|--|
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 15245 S.W. 140ST | |
| CITY-ST-ZIP | Miami FL 33196 | |
| 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/28/01
Date

(786) 412 0563
Daytime Phone #

CR2E034 (10/00)