## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 15, 2002 8:00 am Secretary of State DOCUMENT # V27315 1. Entity Name 05-15-2002 90110 044 \*\*\*150.00 WORLD OF AWNINGS, INC. Principal Place of Business Mailing Address 151 W 21 ST 151 W 21 ST HIALEAH FL 33010 HIALEAH FL 33010 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0330105 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SOTOLONGO, EDUARDO Street Address (P.O. Box Number is Not Acceptable) 151 W 21 ST HIALEAH FL 33010 City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition SOTOLONGO, IGNACIO NAME NAME 151 W 21 ST STREET ADDRESS STREET ADDRESS HIALEAH FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition SOTOLONGO, EDUARDO NAME NAME STREET ADDRESS 151 W 21 ST STREET ADDRESS CITY-ST-ZIP HIALEAH FL CITY-ST-ZIP TITLE ☐ Delete TITI F Change ☐ Addition GONZALO TORGE. GONZALO, JORGE NAME NAME STREET ADDRESS 2205 SW 60 AVE STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33155** CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME CARIDAO, PAZ NAME 8370 SW 2ND STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33144** CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

A PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with an address

SIGNATURE AND TYP

SIGNATURE:

Date

FILED