2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 08, 2003 8:00 am
Secretary of State
08-08-2003 90093 048 ***550.00

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DOCUMENT # P93000033009

1. Entity Name
ALFONSO GLASS AND MIRROR, INC.

Principal Place of Business	Mailing Address
7463 N.W. 8 ST. MIAMI FL 33126 US	7463 N.W. 8 ST. MIAMI FL 33126 US

2. Principal Place of Business	3. Mailing Address
7463 NW 8 St.	7463 NW 8st.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami Florida	City & State: Miami Fl
Zip: 33126 Country: USA	Zip: 33126 Country: USA.

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0430958 ☐ 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
OTANO, ALFONSO 9411 S.W. 11 STREET MIAMI FL 33174	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $550.00
After September 10, 2003 Fee will be $750.00
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	P OTANO, ALFONSO 9411 S.W. 11 ST. MIAMI FL 33174	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BALUJA, NESTOR 9111 SW 17ST MIAMI FL 33165	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (4/03)

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: Alfonso Otano P _____ _____ _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #