

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 06, 2003 8:00 am**  
**Secretary of State**

02-06-2003 90104 045 \*\*\*150.00



☐ CHECK HERE IF MAKING CHANGES

<b>DOCUMENT #</b> 465515	
<b>1. Entity Name</b> CHARLIE'S AUTO GLASS, INC.	

<b>Principal Place of Business</b> 7051 S.W. 12 STREET MIAMI FL 33144	<b>Mailing Address</b> 7051 S.W. 12 STREET MIAMI FL 33144
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<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

<b>4. FEI Number</b> 59-1560120	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>	
MARKS, STEVEN M., ESQ. 7051 SW 12TH ST. MIAMI FL 33144	

<b>7. Name and Address of New Registered Agent</b>	
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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2003 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
<b>TITLE</b>	VPD <input type="checkbox"/> Delete
<b>NAME</b>	MARKS, STEVEN M
<b>STREET ADDRESS</b>	7051 SW 12TH ST.
<b>CITY-ST-ZIP</b>	MIAMI FL 33144
<b>TITLE</b>	CEO <input type="checkbox"/> Delete
<b>NAME</b>	MARKS, STEVEN M
<b>STREET ADDRESS</b>	7051 SW 12TH ST.
<b>CITY-ST-ZIP</b>	MIAMI FL 33144
<b>TITLE</b>	D <input type="checkbox"/> Delete
<b>NAME</b>	PRIOR, RONNA M
<b>STREET ADDRESS</b>	10008 OAK TREE CT.
<b>CITY-ST-ZIP</b>	LONE TREE CO
<b>TITLE</b>	D <input type="checkbox"/> Delete
<b>NAME</b>	VINCENT, SUSAN M
<b>STREET ADDRESS</b>	3283 HUNTINGTON
<b>CITY-ST-ZIP</b>	FT. LAUDERDALE FL 33332
<b>TITLE</b>	STD <input type="checkbox"/> Delete
<b>NAME</b>	MARKS, MIRIAM
<b>STREET ADDRESS</b>	7051 S.W. 12 STREET
<b>CITY-ST-ZIP</b>	MIAMI FL 33144
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	Lone Tree, CO 80124
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**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:** SIGNATURE REQUIRED V.P. / CEO 01/06/03 (305) 264-6800  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)