AMENDED 2003 LLC

[redacted]

05-15-2003 90015 005 ****61.25
L02000000913

UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 JUN 16 AM 9:07

DOCUMENT # L02000000913

1. Entity Name

VIP AUTO GLASS, L.L.C.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
600 PARKVIEW DRIVE	600 PARKVIEW DRIVE
Suite, Apt. #, etc.: 827	Suite, Apt. #, etc.: 827
City & State: HALLANDALE, FL	City & State: HALLANDALE, FL
Zip: 33009 Country: USA	Zip: 33009 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 01-0577549 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: YECHIEL CHAHROUR

Street Address (P.O. Box Number is Not Acceptable): 600 PARKVIEW DRIVE, STE. 827

City: HALLANDALE FL Zip Code: 33009

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

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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

TITLE	MGMR
NAME	YECHIEL CHAHROUR
STREET ADDRESS	600 PARKVIEW DRIVE, STE. 827
CITY-ST-ZIP	HALLANDALE, FL 33009
TITLE	
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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: YECHIEL CHAHROUR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 954-457-4679 Daytime Phone #