

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 08, 2003 8:00 am
Secretary of State

09-08-2003 90135 016 ***550.00

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DOCUMENT # L38958

1. Entity Name

STEVE'S CUSTOM WINDOW TINTING CO.



Principal Place of Business

**2162 N.E. 162 ST
NORTH MIAMI BEACH FL 33162**

Mailing Address

**2162 N.E. 162 ST
NORTH MIAMI BEACH FL 33162**

2. Principal Place of Business

2162 NE 162 ST

Suite, Apt. #, etc.

3. Mailing Address

2162 NE 162 ST

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

UMB FLA

City & State

UMB FLA

4. FEI Number

59-2676226

Applied For

Not Applicable

Zip

33162

Country

DADE

Zip

33162

Country

DADE

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

CHIO, STEVE

2162 NE 162ND ST

NORTH MIAMI BEACH FL 33162

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DP
CHIO, STEVE
2162 NE 162ND ST
MIAMI FL 33162**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

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☐ Change ☐ Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/5/03

Date

305 944-5093

Daytime Phone #

CR2E034 (4/03)