FILED
Apr 24, 2001 8:00 am
Secretary of State
04-24-2001 90034 010 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L 69694

1. Entity Name

OMEGA GLASS SERVICES INC.

Principal Place of Business: 643 W. 77STREET, MIAMI FLORIDA 33152

Mailing Address: P.O.BOX 526326, MIAMI FLORIDA. 33152

A0055341

2. Principal Place of Business

Suite, Apt #, etc.

City & State

Zip — Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip — Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0189548 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

IGNACIO ARANA
643 S.W. 77STREET
MIAMI FLORIDA. 33152

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

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so ☐ (See criteria on back)

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE: PST NAME: IGNACIO ARANA STREET ADDRESS: 643 S.W. 77 STREET CITY-ST-ZIP: MIAMI FLORIDA. 33152	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] IGNACIO ARANA (PRESIDENT) 03/12/01
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date — Daytime Phone #