

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

Mailing Address

**643 W. 77STREET
MIAMI FLORIDA 33152**

**P.O. BOX 526326
MIAMI FLORIDA. 33152**

A0055341

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

Not Applicable

65-0189548

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

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

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 of person or individual name of registered agent and state if appropriate

(NOTE: Registered Agent signature is required when changing)

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

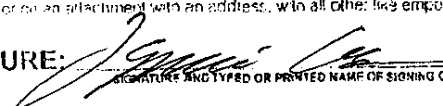
11. OFFICERS AND DIRECTORS

NAME	DELETE
IGNACIO ARANA	☐
643 S.W. 77 STREET	
MIAMI FLORIDA. 33152	
NAME	☐
STREET ADDRESS	
CITY-STATE-ZIP	
NAME	☐
STREET ADDRESS	
CITY-STATE-ZIP	
NAME	☐
STREET ADDRESS	
CITY-STATE-ZIP	
NAME	☐
STREET ADDRESS	
CITY-STATE-ZIP	
NAME	☐
STREET ADDRESS	
CITY-STATE-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	CHANGE	ADDITION
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐

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 registered 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 or changes or on an attachment with an address, with all other like empowered.

SIGNATURE:  **IGNACIO ARANA (PRESIDENT)**

03/12/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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Signature Page 4