FILED
May 15, 2002 8:00 am
Secretary of State
05-15-2002 90062 024 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L 69694

1. Entity Name
OMEGA GLASS SERVICES INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
P.O. BOX 526326		P.O.BOX 526326	
Suite, Apt. #, etc.		Suite, Apt. #, etc	
City & State: MIAMI FLORIDA. 33152		City & State: MIAMI FLORIDA.	
Zip: 33152	Country: U.S.A.	Zip: 33152	Country: U.S.A.

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

7. Name and Address of Current Registered Agent
Name IGNACIO ARANA
Street Address (P.O. Box Number is Not Acceptable)
643 WEST 77 TH ST EET
City HIALEAH FL Zip Code 33014

DO NOT WRITE IN THIS SPACE

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) ☐

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

TITLE	P/S/T
NAME	IGNACIO ARANA
STREET ADDRESS	643 WEST 77TH STREET
CITY-ST-ZIP	HIALEAH FLORIDA. 33014

DO NOT WRITE IN THIS SPACE

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

SIGNATURE: [signature] (PRESIDENT) 04/12/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #