FILED
Jul 07, 2003 8:00 am
Secretary of State

06-04-2003 90095 005 *****8.75
07-07-2003 90311 017 ***141.25

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2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000026541

1. Entity Name
BOBBY MARTIN'S CONTRACTORS GLAZING, INC.

Principal Place of Business	Mailing Address
5800 SW 25TH STREET HOLLYWOOD FL 33030	5800 SW 25TH STREET HOLLYWOOD FL 33030

[redacted]

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

☐ CHECK HERE IF MAKIN CHANGES

4. FEI Number 65-0992304 ☐ Applied For. ☐ Not Applicable

5. Certificate of Status Desired ☐ 8.75 Additional ee Required

6. Name and Address of Current Registered Agent

ZEA, JOSE
5806 SW 25 ST #2
HOLLYWOOD FL 33023

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 miliar 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 $150.00
After May 1, 2003 Fee will be $550.00
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ZEA, JOSE 5806 SW 25 ST #2 HOLLYWOOD FL 33023	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P OSCAR VISCONI 5806 SW 25 ST #2 HOLLYWOOD FL 33023	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

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 cert 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 a 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 ock 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X SIGNATURE REQUIRED 4/26/03 (954) 940066
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #