

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

0175512 AV

05-01-2003 90967 034 \*\*\*150.00

**DOCUMENT # P00000038312**

1. Entity Name  
**JULIO'S WINDOW REPAIR, INC.**



Principal Place of Business  
12315 SW 261 STREET  
MIAMI FL 33032

Mailing Address  
12315 SW 261 STREET  
MIAMI FL 33032



2. Principal Place of Business  
**12358 SW 251 Terr.**

3. Mailing Address  
**12358 SW 251 Terr**

Suite, Apt. #, etc.

City & State  
**Miami FL**

City & State  
**Miami FL**

Zip Country  
**33032 Dade**

Zip Country  
**33032 Dade**

CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0999555**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

Applied For  
Not Applicable

6. Name and Address of Current Registered Agent

**DIAZ, JULIO**  
**12315 SW 261 STREET**  
**MIAMI, FL 33032**

7. Name and Address of New Registered Agent

Name **Diaz, Julio**

Street Address (P.O. Box Number is Not Acceptable)  
**12358 SW 251 Terr**

City **Miami** FL Zip Code **33032**

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: Julio E. Diaz DATE: 4-29-03

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

**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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP DELGADO, DANIA</b> <b>12315 SW 261 STREET</b> <b>MIAMI FL 33032</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP DIAZ, JULIO</b> <b>12315 SW 261 STREET</b> <b>MIAMI FL 33032</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP Delgado, Dania</b> <b>12358 SW 251 Terr</b> <b>MIAMI FL 33032</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP Diaz, Julio</b> <b>12358 SW 251 Terr</b> <b>MIAMI FL 33032</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 DATE: 4-29-03 DAYTIME PHONE #: (305) 498-5396

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)