FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2004 8:00 am
Secretary of State
05-27-2004 90017 003 ***150.00

DOCUMENT # P00000090226

1. Entity Name
A. G. S. AUTO GLASS EXPORT.

DO NOT WRITE IN THIS SPACE

64077348

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
7250 N.W. 25th street	7250 N.W. 25TH STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI FLA.	City & State: MIAMI, FLA.
Zip: 33122 Country: U.S.A.	Zip: 33122 Country: U.S.A.

4. FEI Number 65-1042691 ☑ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: ADOLFO G. SINCLAIR

Street Address (P.O. Box Number is Not Acceptable): 7250 N.W. 25 ST

City: MIAMI FL Zip Code: 33122

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

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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	PRESIDENT
NAME	ADOLFO G. SINCLAIR
STREET ADDRESS	7250 N.W. 25 ST
CITY-ST-ZIP	MIAMI FL. 33122
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

SORRY.
ADOLFO G. SINCLAIR

CR2E034B (12/02)

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

SIGNATURE: _____ ADOLFO G. SINCLAIR 5/24/04 305 592-9665
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #