

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT.# P00000106197

1. Entity Name
MIAMI STAINED GLASS, INC.

Principal Place of Business
1202 SALZEDO ST. #15
CORAL GABLES FL 33134

Mailing Address
1202 SALZEDO ST. #15
CORAL GABLES FL 33134

2. Principal Place of Business
3473 SW 8th St.
Suite, Apt. #, etc.

3. Mailing Address
same as 2
Suite, Apt. #, etc.

City & State
MIAMI, FL

City & State

4. FEI Number 65-1059346

Applied For
Not Applicable

Zip
33135

Country

Zip

Country

5. Certificate of Status Desired X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ECHVERRY, GUSTAVO
1202 SALZEDO ST. #15
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name Maria Elena Rendon
Street Address (P.O. Box Number is Not Acceptable)
3473 SW 8 street
Miami, FL 33135
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 *Maria Elena Rendon*

(NOTE: Registered Agent signature required when reinstating)

DATE

10/20/2001

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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

TITLE PD
NAME ECHVERRY, GUSTAVO
STREET ADDRESS 1202 SALZEDO ST. #15
CITY-ST-ZIP CORAL GABLES FL 33134 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Maria Elena Rendon ☐ Change ☒ Addition
NAME
STREET ADDRESS 3473 SW 8 street
CITY-ST-ZIP Miami, FL 33135 (PD)

000004740000-60
-12/26/01--01105--016
****758.75 ****758.75

LS ☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ 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 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/20/2001 (305) 460-6161

Date

Daytime Phone #

FILED

01 DEC 12 PM 12:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

DO NOT WRITE IN THIS SPACE

2001

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CR2E034 (5/01)