

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 23, 2001 8:00 am**  
**Secretary of State**

08-13-2001 90004 045 \*\*\*150.00

**DOCUMENT # P00000109387**  
**1. Entity Name**  
**LIL GLASS CORPORATION**

**Principal Place of Business**  
**4175 EAST 8TH AVE.**  
**HIALEAH FL 33013**

**Mailing Address**  
**4175 EAST 8TH AVE.**  
**HIALEAH FL 33013**

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

**3. Mailing Address**  
**Suite, Apt. #, etc.**  
**City & State**  
**Zip** **Country**

**4. FEI Number**  
**65-1062495**

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

**6. Name and Address of Current Registered Agent**  
**CAMPOS, JORGE R**  
**1050 WEST 48TH ST.**  
**HIALEAH FL 33012**

**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.**  
**SIGNATURE**  **JORGE R. CAMPOS REGISTERED AGENT** **8/18/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when rehashing) DATE

**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**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> <b>NARANJO, ROBERTO</b> <b>1071 EAST 20TH ST.</b> <b>HIALEAH FL 33013</b>	<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> <b>BELLO, HECTOR G</b> <b>7842 N.W. 164TH ST.</b> <b>MIAMI FL 33016</b>	<input checked="" type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> 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:**  **8-4-2001**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

August 14, 2001

LILI GLASS CORPORATION  
4175 EAST 8TH AVE.  
HIALEAH, FL 33013

Subject: LILI GLASS CORPORATION

Reference Number: P00000109387

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report has not been filed and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

**TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

**TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

LILI GLASS CORPORATION  
4175 EAST 8th AVENUE  
HIALEAH, FLORIDA 33013

*Attachment*  
*#P00000109387*  
*77924*

August 6, 2001

Florida Department of State  
Division of Corporation  
P.O. Box 1500  
Tallahassee, Florida 32302-1500

Re: 2001 Uniform Business Report  
Document # P 00000109387

To Whom It May Concern:

Please be advised that the reason for this report being late is due to the fact that we did not received any prior, notice as to the renewal of the Uniform Business Report, however on Friday August 3rd 2001 we did receive this notice which we are remitting to your office with our check in the amount of One hundred Fifty dollars ( \$ 150.00 ) fee as per your employee covensation with me on this day.

Thanking you in advance for your attention to this matter.

Very Truly Yours,

*Roberto Naranjo*

Roberto Naranjo  
President

RN/jc