

4/9/02-90

FILED
May 21, 2002 8:00 am
Secretary of State

04-09-2002 90733 001 ***158.75

Jan 30 02 01:31P

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name *M.N.S. ALUMINUM, GLASS & TILES, Inc.*
PO10000038008

28303

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
285 NE 185th

3. Mailing Address
285 NE 185th

DO NOT WRITE IN THIS SPACE

State Apt. #. etc.
FL BAY #17

State Apt. #. etc.
FL BAY #17

City & State
Florida

City & State
North Miami B Florida

4. FEI Number
58-2621097

Applying For
(Not Applicable)

Zip
33179

Country
USA

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 - *MINAS PASALIDIS*

Street Address (P.O. Box Number if Not Applicable)
285 NE 185th

City
BAY #17

State
FL

Zip Code
33179

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or its principal place of business in the State of Florida.
SIGNATURE *[Signature]* *MINAS PASALIDIS - President* *3/24/2002*

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.
(See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR to \$81.25
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 <i>MINAS PASALIDIS</i> <i>President</i>	TITLE
NAME <i>MINAS PASALIDIS</i>	NAME
STREET ADDRESS <i>285 NE 185th BAY #17</i>	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP
TITLE	TITLE
NAME	NAME
STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP
TITLE	TITLE
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CITY-ST-ZIP	CITY-ST-ZIP
TITLE	TITLE
NAME	NAME
STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP

DO NOT WRITE
IN THIS SPACE

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 807, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like information.

SIGNATURE: *[Signature]* *President* *3/24/2002* (301)-770-2010