


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90732 011 \*\*\*150.00

DOCUMENT # 01000038008

1. Entity Name  
MNS ALUMINUM GLASS & TILES INC



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <u>285 NE 185 ST</u>		3. Mailing Address <u>285 NE 185 ST</u>	
Suite, Apt #, etc. <u>Bay 17</u>		Suite, Apt #, etc. <u>Bay 17</u>	
City, State <u>Miami FL</u>		City, State <u>Miami FL</u>	
Zip <u>33179</u>	Country <u>USA</u>	Zip <u>33179</u>	Country <u>USA</u>

**94057590**

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4. FEI Number <u>58-2621097</u>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent			
Name <u>Minas Pasalidis</u>			
Street Address (P.O. Box Number is Not Acceptable)			
<u>8192 NW 201 TERR</u>			
City <u>Miami</u>	State <u>FL</u>	Zip Code <u>33015</u>	

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: [Signature] President DATE: 04/07/04

January 1 - May 1, Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$91.25  
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 <u>President</u>	NAME <u>Minas Pasalidis</u>	TITLE <u></u>	NAME <u></u>
STREET ADDRESS <u>8192 NW 201 TERR</u>	STREET ADDRESS <u></u>	STREET ADDRESS <u></u>	STREET ADDRESS <u></u>
CITY-STATE-ZIP <u>Miami FL 33015</u>	CITY-STATE-ZIP <u></u>	CITY-STATE-ZIP <u></u>	CITY-STATE-ZIP <u></u>
TITLE <u>Vice President</u>	NAME <u>Nelvis Pasalidis</u>	TITLE <u></u>	NAME <u></u>
STREET ADDRESS <u>8192 NW 201 TERR</u>	STREET ADDRESS <u></u>	STREET ADDRESS <u></u>	STREET ADDRESS <u></u>
CITY-STATE-ZIP <u>Miami FL 33015</u>	CITY-STATE-ZIP <u></u>	CITY-STATE-ZIP <u></u>	CITY-STATE-ZIP <u></u>
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12. 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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] President DATE: 04/07/04 305-975-1263

CR2E034B (12/02)