

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

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90374 044 ***150.00

DOCUMENT # **P010000047419** ✓

1. Entity Name

ULTRAGARD Window tinting Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6070 NW 64 Av. Apt. 312

3. Mailing Address

6070 NW 64 Av.

Suite, Apt. #, etc.

Building No. 6

Suite, Apt. #, etc.

Apt. 312, Bldg. Num 6

City & State

Tamarac, FL 33319

City & State

Tamarac, Florida

Zip

33319

Country

U.S.A.

Zip

33319

Country

U.S.A.

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1105310

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

P- J. Didier Ríos

Street Address (P.O. Box Number is Not Acceptable)

6070 NW 64. Av.

Apartment Num. 312, Building No. 6

City

Tamarac

FL

Zip Code

33319

**DO NOT WRITE
IN THIS SPACE**

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.

N/A (Signature) **Jose Didier Ríos** **N/A** **04/08/02** **N/A**

SIGNATURE Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 is \$61.25
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 **P- J. Didier Ríos**
NAME **6070 NW 64 Ave. Apt. 312, Bldg. 6,**
STREET ADDRESS **Tamarac, FL, 33319**
CITY-ST-ZIP

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

SIGNATURE: **J. Didier Ríos**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

P- José Didier Ríos **04/08/02** **(954) 695-1158**

Date

Daytime Phone #

CR2E034B (12/01)