

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90123 019 ***150.00

DOCUMENT # P01000047419

1. Entity Name

ULTRAGARD WINDOW TINTING, INC.



Principal Place of Business

**6070 N.W. 64TH AVE BLDG 6 APT 312
TAMARAC FL 33319**

Mailing Address

**6070 N.W. 64TH AVE BLDG 6 APT 312
TAMARAC FL 33319**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1105310

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

RIOS, DIDIER

**6070 N.W. 64TH AVE BLDG 6 APT 312
TAMARAC FL 33319**

7. Name and Address of New Registered Agent

Name

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

5521 Lakeside Dr. Apt. 107

City

Margate

FL

Zip Code

33063

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

J. Didier Rios, President.

01/28/03

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|---|---------------------------------|
| TITLE NAME | P | <input type="checkbox"/> Delete |
| STREET ADDRESS | RIOS, DIDIER | |
| CITY-ST-ZIP | 6070 N.W. 64TH AVE BLDG 6 APT 312 TAMARAC FL 33319 | |
| TITLE NAME | | <input type="checkbox"/> Delete |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE NAME | | <input type="checkbox"/> Delete |
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| CITY-ST-ZIP | | |
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| TITLE NAME | | <input type="checkbox"/> Delete |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|------------------------------------|--|
| TITLE NAME | 5521 Lakeside Dr. Apt. #107 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | Margate, FL, 33063 | |
| CITY-ST-ZIP | | |
| TITLE NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

President, J. Didier Rios 01/28/03

(954) 695-1158

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)