

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91395 017 \*\*\*150.00

**DOCUMENT # P01000062678**

1. Entity Name  
**ACE WINDOW & GLASS, CORP.**



Principal Place of Business  
**9285 SW 125 AVE., U-108  
MIAMI FL 33186**

Mailing Address  
**9285 SW 125 AVE., U-108  
MIAMI FL 33186**

2. Principal Place of Business  
**1121 CRANDON BLVD.**

3. Mailing Address  
**1121 CRANDON BLVD**

Suite, Apt. #, etc.  
**# E-1105**

Suite, Apt. #, etc.  
**# E-1105.**

City & State  
**Key Biscayne, FL.**

City & State  
**Key Biscayne, FL.**

Zip Country  
**33149 USA.**

Zip Country  
**33149 USA.**

4. FEI Number **65-1114991**

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

**GADEA, ELIANE F  
9125 SW 156 CT  
MIAMI FL 33196**

## 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. I am familiar with, and accept the obligations of registered agent.

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

(NOTE: Registered Agent signature required when reinstating)

04/23/03.  
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

TITLE **PD** ☒ Delete  
NAME **RIOS, GABRIEL**  
STREET ADDRESS **9125 SW 156 CT**  
CITY-ST-ZIP **MIAMI FL 33196**

TITLE **VD** ☐ Delete  
NAME **GADEA, ELAINE F**  
STREET ADDRESS **9125 SW 156 CT**  
CITY-ST-ZIP **MIAMI FL 33196**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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: *Eliane Gadea*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/23/03. (305) 361-9324.  
Date Daytime Phone #

CR2E034 (10/02)