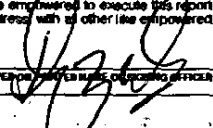


FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90134 025 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000067185		
1. Entity Name F.V.G. FIBERGLASS, INC.		
Principal Place of Business 13804 SW 139TH COURT MIAMI, FL 33186		Mailing Address 13804 SW 139TH COURT MIAMI, FL 33186
2. Principal Place of Business		3. Mailing Address
Sute, Act. #, etc.		Sute, Act. #, etc.
City & State		City & State
Zip	Country	Zip Country
4. FEI Number 65-1120550		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent DIAZVILLANUEVA, VIRGINIA 13804 SW 139TH CT MIAMI, FL 33186		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 _____ DATE _____ Signature, typed or printed name of registered agent, and date if applicable. (NOTE: Registered Agent Signature required when reporting.)		
		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 STREET ADDRESS CITY-STATE-ZIP	PD VILLANUEVA, FERNANDO 13804 SW 139TH COURT MIAMI, FL 33186 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TS DIAZ VILLANUEVA, VIRGINIA 13804 SW 139TH COURT MIAMI, FL 33186 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 199.07(3)(1), 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.		
SIGNATURE: 		4/23/03 (205) 259-3323
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR		Official Phone #

11029676



☐ CHECK HERE IF MAKING CHANGES

CRP0034 (10/02)