

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90185 028 ***150.00

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DOCUMENT # P01000071014

1. Entity Name
SPEEDY GLASS & WINDOW, INC.



Principal Place of Business
**2647 W 79 STREET
HIALEAH FL 33016**

Mailing Address
**2647 W 79 STREET
HIALEAH FL 33016**



2. Principal Place of Business

3. Mailing Address

8421 NW 140 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

3505

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

MIAMI

FL

4. FEI Number

65-1134085

Applied For

Not Applicable

Zip

Country

Zip

33015

Country

DADE

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ALFONSO, JOSE J
8752 NW 142ND LANE
MIAMI LAKES FL 33018**

Name

JOSE J ALFONSO

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

8421 NW 140 ST A-15 33015

City

MIAMI

FL

Zip Code

33016

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.

(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 **D** ☐ Delete
NAME **ALFONSO, JOSE J**
STREET ADDRESS **2647 W 79 STREET**
CITY-ST-ZIP **HIALEAH FL 33016**

TITLE **JOSE J ALFONSO** ☐ Change ☐ Addition
NAME **JOSE J ALFONSO**
STREET ADDRESS **8421 NW 140 ST A-15 33015**
CITY-ST-ZIP **MIAMI FL 33016**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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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 or other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)