

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

FILED

03 NOV -3 PM 1:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PD1000092177

1. Entity Name

ECONOMY CLASS OF SOUTH
FLORIDA INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2145 BAY DRIVE

Suite, Apt. #, etc.

2

3. Mailing Address

2145 BAY DRIVE

Suite, Apt. #, etc.

2

City & State

MIAMI BEACH FL

City & State

MIAMI BEACH FL

REINSTATEMENT

DO NOT WRITE IN THIS SPACE

03

4. FEI Number

80-0033175

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

VILCHES ROBERTO

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

2145 BAY DRIVE APT 2

City

MIAMI BEACH

FL

Zip Code

33141

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

SIGNATURE

[Signature]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
P
VILCHES ROBERTO
2145 BAY DRIVE APT 2
MIAMI BEACH FL 33141

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300024390473

11/03/03-01103-003 **150.00

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IN THIS SPACE**

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

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-21-03

Date

Daytime Phone #

CR2E034B (12/02)

ECONOMY GLASS OF SOUTH FLORIDA, INC.
2145 BAY DRIVE APT 2
MIAMI BEACH, FL 33141

October 21, 2003

Division of Corporations
Annual Report Section
P.O. Box 6327
Tallahassee, FL 32314

REF: ECONOMY GLASS OF SOUTH FLORIDA, INC
DOCUMENT#: P01000092177

Dear Sir or Madam:

Please be advised that the above-mentioned corporation annual report was never received for timely submission.

Therefore, we are requesting that the delinquent fees be waived and that the corporation is allowed to submit a second annual report with the corresponding fee of \$ 150.00

Please advise.

Your cooperation is appreciated.

Sincerely,


Vilches Roberto

VR/re