## **FILED 2003 FOR PROFIT CORPORATION** Jul 14, 2003 8:00 am Secretary of State UNIFORM BUSINESS REPORT (UBI **DOCUMENT #** P02000014259 06-09-2003 90107 040 \*\*\*150.00 1. Entity Name TINT SOLUTIONS, INC. Principal Place of Business Mailing Address 55051168 1360 N STATE RD 7 1360 N STATE RD 7 LAUDERHILL FL 33313 LAUDERHILL FL 33313 3. Mailing Address 2. Principal Place of Busines 1360 N STATERD 7 Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 03-0375953 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JOSEPH K NOFIL PA Street Address (P.O. Box Number is Not Acceptable) 3284 NORTH STATE RD 7 LAUDERHILL FL 33319 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be After September 10, 2003 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. **DPTS** TITLE ☐ Delete TITLE ☐ Change ☐ Addition ALVAREZ, RODRIGO A NAME NAME 1360 N STATE RD 7 STREET ADDRESS STREET ADDRESS LAUDERHILL FL 33313 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition

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.

NAME

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

☐ Delete

Change

Addition

Attachment# 55051169 P02000014259

July 8, 2003 Division of Corporatios PO Box 1500 Tallahassee, FL 32302-1500

To Whom It May Concern:

Please be advised that my corporation did not receive the prior notice within the time frame for when it needed to be submitted without the penalty of the late fee. Please waive the \$400:00-late-fee-as-we-already submitted the \$150.00 fee to file the profit annual report.

Thank you, Rodrigo Alvarez Tint Solutions

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