

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90537 031 \*\*\*150.00

**DOCUMENT # P02000027697**



1. Entity Name  
**SAFE TECH AUTO GLASS, INC.**

Principal Place of Business  
**10532 NW 30TH AVE  
MIAMI FL 33147**

Mailing Address  
**10532 NW 30TH AVE  
MIAMI FL 33147**

**55038733**



2. Principal Place of Business

3. Mailing Address

**SAME AS ABOVE.**

**SAME AS ABOVE.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number

**48-125 3706**

Applie For

Not Applicable

Zip

Country

Zip

Country

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

**DE LOS RIOS, ROBERTO J  
500 BAYVIEW DR #2019  
SONNY ISLE BCH FL 33160**

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

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	<input type="checkbox"/> Delete
NAME	DE LOS RIOS, ROBERTO	
STREET ADDRESS	500 BAYVIEW DR	
CITY-ST-ZIP	SONNY ISLE BCH FL 33160	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DE LOS RIOS, ROBERTO J	
STREET ADDRESS	5500W W 21 CT #102	
CITY-ST-ZIP	HIALEAH FL 33016	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DE LOS RIOS, GLADYS	
STREET ADDRESS	5500W W 21 CT #102	
CITY-ST-ZIP	HIALEAH FL 33016	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

**SIGNATURE REQUIRED Press.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04/18/03**

**(35) 310-4914**

Day

Daytime Phone

CR2E034 (10/02)