

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000047302

1. Entity Name

Supreme Auto Glass, Inc.



Principal Place of Business  
2977 NW 103RD LANE  
CORAL SPRINGS FL 33065

Mailing Address  
2977 NW 103RD LANE  
CORAL SPRINGS FL 33065

2. Principal Place of Business

5944 CORAL RIDGE DR.

3. Mailing Address

5944 CORAL RIDGE DR.

Suite, Apt. #, etc.

UNIT 123

Suite, Apt. #, etc.

UNIT 123

City & State

CORAL SPRINGS FL

City & State

CORAL SPRINGS FL

Zip

33076

Country

USA

Zip

33076

Country

USA

04/25/03 90313 044 \$150.00

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

30-0168202

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MORALES, JOEL  
2977 NW 103RD LANE  
CORAL SPRINGS FL 33065

7. Name and Address of New Registered Agent

Name YECHIEL SHICHRUR

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

5944 CORAL RIDGE DR., UNIT 123

City CORAL SPRING

FL

Zip Code 33076

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 re-registering)

DATE

4-18-03

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

TITLE D  
NAME MORALES, JOEL  
STREET ADDRESS 2977 NW 103RD LANE  
CITY-ST-ZIP CORAL SPRINGS FL 33065

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME YECHIEL SHICHRUR  
STREET ADDRESS 5944 CORAL RIDGE DR., UNIT 123  
CITY-ST-ZIP

TITLE PD  
NAME YECHIEL SHICHRUR  
STREET ADDRESS 5944 CORAL RIDGE DR., UNIT 123  
CITY-ST-ZIP CORAL SPRINGS, FL 33076

TITLE VD  
NAME BOAZ ASMON  
STREET ADDRESS 12349 NW 55TH ST.  
CITY-ST-ZIP CORAL SPRINGS, FL 33076

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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)(b), 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

Date

Daytime Phone #

CR2E034 (10/02)

0191388 AV

APPROVED  
AND  
FILED

03 MAY 28 PM 3:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2 signatures (both) + FEI # 30-0168202