

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

01-23-2003 90108 004 ***150.00

DOCUMENT # P02000056660

1. Entity Name
SUNBLOCK WINDOW FILM CORP.



Principal Place of Business
9101 SW 122 AVE., SUITE 105
MIAMI FL 33186

Mailing Address
9101 SW 122 AVE., SUITE 105
MIAMI FL 33186

2. Principal Place of Business
12082 SW. 131 Ave.
Suite, Apt. #, etc.

3. Mailing Address
12082 SW. 131 Ave.
Suite, Apt. #, etc.

City & State
Miami - Florida

City & State
Miami - Florida

Zip
33186
Country
U.S.A.

Zip
33186
Country
U.S.A.

4. FEI Number
X 33-1006332

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

RESTREPO, ANGELA MARIA
9101 SW 122 AVE., SUITE 105
MIAMI FL 33186

7. Name and Address of New Registered Agent

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 **X Angela Restrepo**

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE **PSD** ☐ Delete
NAME **RESTREPO, ANGELA MARIA**
STREET ADDRESS **9101 SW 122 AVE., SUITE 105**
CITY-ST-ZIP **MIAMI FL 33186**

TITLE **VTD** ☐ Delete
NAME **RESTREPO, ALBERTO**
STREET ADDRESS **9101 SW 122 AVE., SUITE 105**
CITY-ST-ZIP **MIAMI FL 33186**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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TITLE ☐ Change ☐ 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: **X Angela Restrepo**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)