

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90378 031 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000057033			
1. Entity Name KEY GLASS CORP.			
Principal Place of Business 2588 W 72ND ST. HIALEAH, FL 33016		Mailing Address 2588 W 72ND ST. HIALEAH, FL 33016	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 04-368499		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BERNAL, ALIDO 2588 W 72ND ST. HIALEAH, FL 33016		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: _____ DATE: _____			
9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE	PTD	☐ Delete	
NAME	BERNAL, ALIDO		
STREET ADDRESS	2588 W 72ND ST.		
CITY-ST-ZIP	HIALEAH, FL 33016		
TITLE	SVD	☐ Delete	
NAME	GOMEZ, MANUEL		
STREET ADDRESS	2588 W 72ND ST.		
CITY-ST-ZIP	HIALEAH, FL 33016		
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			
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)(X), 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: I am empowered.			
SIGNATURE: <u>Alido Bernal</u> <u>4/29/03</u>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CH2E004 (10/02)