


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

05-05-2003 90381 002 ***150.00

0278003 AV

DOCUMENT # P02000068329	
1. Entity Name DOLPHINS WINDOW TINTS, INC.	

Principal Place of Business 1970 NE 153RD STREET BAY #30 NORTH MIAMI BEACH FL 33162	Mailing Address 1970 NE 153RD STREET BAY #30 NORTH MIAMI BEACH FL 33162
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2. Principal Place of Business 1970 NE 153rd st. Suite, Apt. #, etc. BAY #11 City & State North Miami Beach Zip 33162 Country FL	3. Mailing Address 1970 NE 153rd st. Suite, Apt. #, etc. BAY #11 City & State North Miami Beach Zip 33162 Country FL
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☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 01-0730603	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GARCIA, MELVIN JR. 112 CARLISLE CT KISSIMMEE FL 34768	
7. Name and Address of New Registered Agent Name: Garcia Melvin JR Street Address (P.O. Box Number is Not Acceptable): 1970 NE 153rd st. Bay #11 City: North Miami Beach FL Zip Code: 33162	

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: *Melvin Garcia Jr* (NOTE: Registered Agent signature required when reinstating) DATE: 1-03-03

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GARCIA, MELVIN JR. 112 CARLISLE CT KISSIMMEE FL 34768 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Garcia Melvin JR 1970 NE 153rd st Bay #11 North Miami Beach FL 33162 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS GARCIA, MELVIN 112 CARLISLE CT KISSIMMEE FL 34768 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: *Melvin Garcia Jr* **1-03-03** **786-326-9362**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)