

2000 UNIFORM BUSINESS REPORT (UBR)

090800

DOCUMENT # **P94000017401**

1. Entity Name

MIAMI ENGINEERED GLASS, CORP.

Principal Place of Business

Mailing Address

2. Principal Place of Business

3211 NW 27th Avenue

3. Mailing Address

3211 NW 27th Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, Florida 33142

City & State

Miami, Florida 33142

4. FEI Number

650492174

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ANA M. TABLADA
3211 NW 27th Avenue
Miami, Florida 33142

Name

ELENA GONZALEZ

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

2759 NW 30th Street

Miami, Florida 33142

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.

SIGNATURE

Registered

August 21, 2000

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **P.D.**
STREET ADDRESS **ANA M. TABLADA**
CITY-ST-ZIP **3211 NW 27th Avenue**
Miami, Florida 33142

TITLE ☐ Change ☐ Addition
NAME **P.D.**
STREET ADDRESS **ELENA GONZALEZ**
CITY-ST-ZIP **2759 NW 30th Street**
Miami, Florida 33142

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
700003398037--9
-09/19/00--01039--013
*******61.25 *****61.25**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

ELENA GONZALEZ, President August 21, 2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)

KE