2001 UNIFORM BUSINESS REPORT (UBR)								
DOCUMENT # P9400017401 1. Entity Name MIAMI ENGINEERED GLASS, CORP.					FILED			
MIAMI EN	IGINEERED GLASS, WAR	·•			01 OCT 12 AF	111:31		
Principal Place of Business 3211 N.W. 27TH AVENUE MIAMI FL 33142		Mailing Address 3211 N.W. 27TH AVENUE MIAMI FL 33142		. 0	SECRETARY OF STATE TALLAHASSEE. FLORIDA			
2. Principal Pl	ace of Business	3. Mailing Address		K				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			1 1 000740	⊃7. \$† l <i>m</i> n	. ^^	
					<i> 3</i> 0/01-90374-0	Applied		
City & State		City & State			65-0492174	Not App	olicable	
Zip	Country	Zip -	Country	5. Ce	ertificate of Status Desired	\$8.75 Additiona Fee Required	ıi	
	6. Name and Address of Current	Registered Agent	Name		me and Address of New Registere	d Agent		
GONZALE	z, elena				LEZ, GILBERTO x Number is Not Acceptable)		-	
2759 NW 30TH STREET				Address (F.O. Box Northber is 1807 / Coophable)				
MIAMI FL	33142	City				Zip Code		
				, г.				
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	Signature, wood or printed using of registered agent		Gilberto Registered Agent signs			2/01	-	
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 \$550.00 FAILE NOW!!! FEE IS \$550.00 Toust Fund Contribution.						\$5.00 Ma		
11.	OFFICERS AND	DIRECTORS	12.	ADD	ITIONS/CHANGES TO OFFICERS AN			
TITLE NAME	PD Gonzalez, Elena	🔀 Delete	TITLE NAME	PD GONZALE	Z, GILBERTO	Change /	Addition	
STREET ADDRESS CITY-ST-ZIP	2759 NW 30TH STREET MIAMI FL 33142		STREET ADDRESS CITY-ST-ZIP	2759 NW	30th Street lorida 33142			
TITLE	MIMMI PL 33142	☐ Delete	TITLE	ritami r	1011da 33142	☐ Change ☐ /	Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS	ŀ				
CITY-ST-ZIP			CITY-ST-ZIP				Addition	
TITLE	وساء والمعاد المغيية والمداهينية والمعتب	Delete	TITLE NAME		*	☐ Change ☐	Addition	
STREET ADDRESS			STREET ADDRESS CITY - ST - ZIP	REIN	STATEMENT	2001		
CITY-ST-ZIP TITLE	•	☐ Delete	TITLE				Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS	1	30000466 1 3 10/31/0101			
CITY-ST-ZIP			CITY-ST-ZIP		****600.00	****600.00		
TITLE		☐ Delete	TITLE NAME	1	90000046613	1494	Addition	
STREET ADDRESS	•		STREET ADORESS CITY-ST-ZIP		-10/31/0101 *****8.75	U59U24 ******8.75	,	
CITY-ST-ZIP TITLE		☐ Delete	TITLE				Addition	
NAME STREET ADDRESS	\triangle		NAME STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP		,			
13. I hereby certify that the information supplied with this filing dope 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 suppliemental 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.								
SIGNAT	A made	The state of the s		Gonzalez,	Pres. 4/12/01	305-638-15	566	
JIGNAI	SIGNATURE AND TYPED OR	PRINTED NAME OF SIGNING OFFICER	OR DIRECTOR		Date	Daytime Phone #		