2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Apr 17, 2003 8:00 am Secretary of State

DOCUMENT # P98000024033 1. Entity Name PORCELAIN REGLAZING, INC.						03-26-2003 9013	6 042 ***	*150.00	
Principal Place of Business Mailing Address 3445 SW 75TH CT 3445 SW 75TH CT MIAMI FL 33155 MIAMI FL 33155									
2. Principal Place of Business 3. Mailing Address -					┦	\$6 [64	TERRETARING REFE	I SILOO HAIT SECT	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			4				
Jone, Apr	. W, 616.	Soite, Apr. #, etc.				CHECK HERE IF MAKIN	3 CHANGES	·	
City & Sta	te	City & State			4. 1	FEI Number 65-0820619		pplied For ot Applicable	
Zip	Country	Zip	Cour	ountry		Certificate of Status Desired	\$8.75 Ad	ditional	<u> </u>
	6. Name and Address of Current F	Registered Agent				Name and Address of New Registered			_
				Name]_
RAMIREZ, CARLOS				Street Address	s (P.O. B	ox Number is Not Acceptable)			\dashv
3445 SW 75 CT				·					4
MIAMI FL	33155								
				City		FL	Zip Coo	le	7
	named entity submits this statement for tions of registered agent.	the purpose of changing it	s register	ed office or regist	tered age	ent, or both, in the State of Florida. I am	familiar with,	and accept	1
SIGNATURE	,								
SIGNATURE	Signature, typed or printed name of registered agent as	nd tide if applicable. (NO	TE: Registere	d Agent signature requi	red when rei	instating) DATE			1
Afte	ILE NOWIN FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of	State				Election Campaign Financing Trust Fund Contribution. [O May Be d to Fees	
10.	OFFICERS AND D	DIRECTORS	11.		ADI	DITIONS/CHANGES TO OFFICERS AND	DIRECTOR	S IN 11]_
TITLE	PD PANIDEZ CADLOS S	Delete	mu				☐ Change	Addition	100
NAME STREET ADDRESS	RAMIREZ, CARLOS S 9521 FOUNTAINBLEAU BLVD, #3:	29	NAM	E Et address					15
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NAME STREET ADDRESS			NAME	T ADORESS					1
CITY-ST-ZIP				ST-ZIP					l
12. I bereby o	ertify that the information supplied with t	his filing does not qualify to	r the exer	nnting stated in S	Section 1	19 07(3Vi) Florida Statutes, Lifurther cer	tify that the in	formation	ł

Indicated on this report or supplier with this tiling does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes. Further certify that the information indicated on this report or suppliermental 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:

EQUISED SICOA TO THE SIGNATURE AND TYPED OF PROMISED NAME OF SIGNATURE AND TYPED OF PROMISED NAME OF SIGNATURE MG OFFICER OR DIRECTOR

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