2003 FOR PROFIT CORPORATION

UN	IFORM BUSIN	ESS REPOR	T (UBR)	Secretary of State	
1. Entity Nam	MENT # V6332 JCTION GLASS INDUSTRI			Secretary of State 07-15-2003 90022 026 ***550.00	
CONSTRU	OCHOIN GEAGG INDOGIAI	LO CONFORMION			
Principal Place of Business 7840 NW 62 STREET MIAMI FL 33166 US		Mailing Address FLAVIO QUESADA C/O MARVIN WIENER 2121 PONCE DE LEON BLVD. #900 CORAL GABLES FL 33134 US			•
2. Principal Place of Business		3. Mailing Address 7840 NW 62 ST.			!
Suite, Apt. #, etc.		Suite, Apt # etc. atti: Flavio Quesada		☐ CHECK HERE IF MAKING CHANGES	
City & State	e	City & State	FI.	4. FEI Number 65-0355633 Applied For Not Applicate	ole
Zip	Country	33166	U.S.A.	5. Certificate of Status Desired \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			Name*	7. Name and Address of New Registered Agent	
2121 PON CORAL G	/IN I. WIENER ICE DE LEON BLVD. #900 ABLES FL 33134		citMiam		
	ions of registered agent.			red agent, or both, in the State of Florida. I am familiar with, and accept	ot
· ^	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE	: Registered Agent signature required	d when reinstating) DATE	.}
After Set	ILE NOW!!! FEE IS \$550.00 otember 10, 2003 Fee will be \$75 Payable to Florida Department			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.	,
10. ~	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P QUESADA, FLAVIO 7840 NW 62 STREET MIAMI FL 33166	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	nc
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GONZALEZ, JULIO 7840 NW 62 STREET MIAMI FL 33166	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Additi	on
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS GARCIA, EMILIO R 7840 NW 62 STREET MIAMI FL 33166	, Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	л
TITLE	MINIMI LF 22 IOO	☐ Delete	TITLE	☐ Change ☐ Addition	on

12. I hereby certify that the information is onlied 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 thoris 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 of trues. I ampowered 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 any interest, with all other like empowered.

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

SIGNATURE:

STREET ADDRESS

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