

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91358 001 *****8.75
 05-24-2002 91358 002 ***550.00

DOCUMENT # J52969

1. Entity Name
AMERICAN GLASS AND MIRROR, INC.

Principal Place of Business
6600 W ROGERS CIR. #1
BOCA RATON FL 33487-9803

Mailing Address
6600 W ROGERS CIR. #1
BOCA RATON FL 33487-9803



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1200 S. Rogers Cir #5
 Suite, Apt. #, etc.

3. Mailing Address
1200 S. Rogers Cir #5
 Suite, Apt. #, etc.

City & State
BOCA RATON, FL
 Zip
33487
 Country
USA

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BOCA RATON, FL
 Zip
33487
 Country
USA

4. FEI Number
59-2758164

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SAELINGER, CRAIG
6600 W ROGERS CIRCLE
STE 1
BOCA RATON FL 33487

7. Name and Address of New Registered Agent

Name
Saelinger, Craig
 Street Address (P.O. Box Number is Not Acceptable)
1200 S. Rogers circle
STE 5
 City
BOCA RATON FL Zip Code
33487

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

01/01/02
DATE

(NOTE: Registered Agent signature required when reinstating)

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	PD SAELINGER, CRAIG 751 NE 39 ST BOCA RATON FL 33431	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/S DIANE SAELINGER 751 NE 39 ST BOCA RATON, FL 33431	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Craig Saelinger* **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/01/02 (561) 997-7868
Date Daytime Phone #

04003/0 AV

CR2E034 (9/01)