

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000045823

1. Entity Name

PROFESSIONAL GLASS AND MIRROR, INC.

Principal Place of Business

Mailing Address

1930 N.W. 18TH ST
#13
POMPANO BEACH FL 33069
US

1930 N.W. 18TH ST
#13
POMPANO BEACH FL 33069
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0246744

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ESSER, W. B
1930 N.W. 18TH ST., #13
POMPANO BEACH FL 33069

Name

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

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

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, 2001 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 PD ☐ Delete
NAME ESSER, W.B.
STREET ADDRESS 1409 SAINT GABRIELLE LANE #3401
CITY-ST-ZIP WESTON FL 33326

TITLE 1 PD ☒ Change ☐ Addition
NAME ESSER, W.B.
STREET ADDRESS 2478 PROVENCE CIRCLE
CITY-ST-ZIP WESTON, FL. 33327

TITLE D ☐ Delete
NAME ESSER, HELEN
STREET ADDRESS 5561 HAWKES BLUFF AVE
CITY-ST-ZIP DAVIE FL

TITLE D ☒ Change ☐ Addition
NAME ESSER, HELEN
STREET ADDRESS 2478 PROVENCE CIRCLE
CITY-ST-ZIP WESTON, FL. 33327

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Delete
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90136 030 ***150.00



DO NOT WRITE IN THIS SPACE

0135649

CR2E034 (10/00)

1-9-01 (954) 9746200