

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90091 043 ***150.00

DOCUMENT # PA8000018182

1. Entity Name

Reliable Glass, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3520 Consumer ST.

3. Mailing Address

3520 Consumer ST

Suite, Apt. #, etc.

#4

Suite, Apt. #, etc.

#4

City & State

Riviera Beach, FL

City & State

Riviera Beach, FL,

4. FEI Number

65-0818637

Applied For

Not Applicable

Zip

33404

Country

Palm Beach

Zip

33404

Country

Palm Beach

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

Stanley G. Chitoff

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

15220 Cedar Bluff Pl.

City

Wellington

FL

Zip Code

33414

**DO NOT WRITE
IN THIS SPACE**

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 Stanley G. Chitoff

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

(NOTE: Registered Agent signature required when reinstating)

4/29/2002

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE President
NAME Barbara Dudash
STREET ADDRESS 937 Augusta Pointe Dr.
CITY-ST-ZIP Palm Beach Gardens, FL, 33418

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Secretary-Treasurer
NAME Roberta A. Chitoff
STREET ADDRESS 15220 Cedar Bluff Pl.
CITY-ST-ZIP Wellington FL, 33414

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Director
NAME Stanley G. Chitoff
STREET ADDRESS 15220 Cedar Bluff Pl.
CITY-ST-ZIP Wellington FL, 33414

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Director
NAME Dennis Dudash
STREET ADDRESS 937 Augusta Pointe Dr.
CITY-ST-ZIP Palm Beach Gardens FL, 33418

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Barbara Dudash Roberta A. Chitoff 4/29/2002 1-561-8635363

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #