

2000 UNIFORM BUSINESS REPORT (UBR) 2.

FILED
Apr 26, 2000 8:00 am
Secretary of State

02-05-2000 90020 049 ***150.00

DOCUMENT # P99000093622
 1. Entity Name
BLOWN GLASS INC.

Principal Place of Business Mailing Address
 8540 STATE RD. 84 8540 STATE RD. 84
 FT. LAUDERDALE FL 33324 FT. LAUDERDALE FL 33324-4548

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 **65-0957969** Applied For Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
LACOSTE, DENIS
8540 STATE RD. 84
FT. LAUDERDALE FL 33324

7. Name and Address of New Registered Agent
 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 _____ (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, 2000 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	Denis LACoste, President <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addit	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addit
NAME			NAME		
STREET ADDRESS	8540 STATE Road 84		STREET ADDRESS		
CITY-ST-ZIP	Ft. Lauderdale, FL 33324		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addit	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addit
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: **Denis LACoste** Date: **Feb 2^d 2000** Daytime Phone # _____