

**2000 UNIFORM BUSINESS REPORT (UBR)**

4/2

**FILED**  
**May 22, 2000 8:00 am**  
**Secretary of State**

04-22-2000 90047 050 \*\*\*150.00

**DOCUMENT # P99000110841**

1. Entity Name

**GLASSWALL & DOORS INC.**

Principal Place of Business

**3945 N.W. 32ND AVENUE  
 MIAMI FL 33123**

Mailing Address

**3945 N.W. 32ND AVENUE  
 MIAMI FL 33123**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**65-0969878**

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

**MOUSSA, SAMIR  
 3945 N.W. 32ND AVENUE  
 MIAMI FL 33123**

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

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, 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 **D**  Delete  
 NAME **MOUSSA, SAMIR**  
 STREET ADDRESS **3945 N.W. 32ND AVENUE**  
 CITY-ST-ZIP **MIAMI FL 33123**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **FERNANDEZ, JUAN MIGUEL**  
 STREET ADDRESS **3945 N.W. 32ND AVENUE**  
 CITY-ST-ZIP **MIAMI FL 33123**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **SABEHAYON, SAADEDDINE**  
 STREET ADDRESS **3945 N.W. 32ND AVENUE**  
 CITY-ST-ZIP **MIAMI FL 33123**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **SKAARBREVIK, GUSTAVO**  
 STREET ADDRESS **3945 N.W. 32ND AVENUE**  
 CITY-ST-ZIP **MIAMI FL 33123**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete

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)(f), 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/14/2000**

Date

Daytime Phone #

UBR 1999 (02/24)