

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 04, 2001 8:00 am
Secretary of State

06-04-2001 90008 038 ***150.00

0175181

DOCUMENT # P99000110841

1. Entity Name
GLASSWALL & DOORS INC.

661063



DO NOT WRITE IN THIS SPACE

Principal Place of Business 3945 N.W. 32ND AVENUE MIAMI FL 33123	Mailing Address 3945 N.W. 32ND AVENUE MIAMI FL 33123
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

4. FEI Number 65-0969878	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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 _____ DATE _____
(Signature, typed or printed name of registered agent and title if applicable. (NOT) 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, 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOUSSA, SAMIR 3945 N.W. 32ND AVENUE MIAMI FL 33123 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERNANDEZ, JUAN MIGUEL 3945 N.W. 32ND AVENUE MIAMI FL 33123 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SABEHAYON, SAADEDDINE 3945 N.W. 32ND AVENUE MIAMI FL 33123 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SKAARBREVIK, GUSTAVO 3945 N.W. 32ND AVENUE MIAMI FL 33123 <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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT. <input checked="" 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	VICE-PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE-PRESIDENT. <input checked="" 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 information.

SIGNATURE: *Samir Moussa* **Samir Moussa** *06-03-01* **06-6385151**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)

Attachment
661063

P9000110841

May 29, 2001

TO: ANNUAL REPORT FILING
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL 32314

FROM: GLASSWALL & DOORS, INC.
CHARTER # P99000110841

REF: REQUEST FOR ABATEMENT OF EXTRA, POST MAY 1 FILING FEE

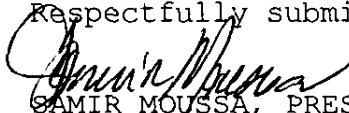
The purpose of this memo is to request A ONE TIME WAIVER of the reinstatement fee due to the fact that we are mailing our annual report after May 1, 2000 FILING DEADLINE and our corporation had been administratively dissolved.

Our corporation is a one director company that does not fully understand the filing requirements. This year a CPA advised me of the dissolution so I wanted to reinstate my corporate filing.

Please process the attached and kindly give us a one time waiver of the reinstatement filing fee. Since we are new at this we did not know the fee was due until our new CPA advised us.

We assure this report will not be filed late again and we thus hereby enclose \$ 150 to pay 2001 regular filing fee.

Respectfully submitted,


SAMIR MOUSSA, PRES.
GLASSWALL & DOORS, INC.