

2001 UNIFORM BUSINESS REPORT (UBR)

FILED  
 Jul 31, 2001 8:00 am  
 Secretary of State

06-22-2001 90068 007 \*\*\*150.00

DOCUMENT # S 89471

1. Entity Name

Axelrod's Glass & Mirror, Inc.

Principal Place of Business

Mailing Address

4100 NW 1st Ave #19

Boca Raton, FL 33431

Same

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

680285783

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Steve Axelrod

2222 Whistling Pine Ave

Boca Raton, FL 33428

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 re-registering)

DATE

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

FILE NOW!!! FEES \$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  
 NAME: Steve Axelrod  
 STREET ADDRESS: 2222 Whistling Pine  
 CITY- ST- ZIP: Boca Raton, FL 33428

TITLE:  Delete  Change  Addition

TITLE: VD  
 NAME: Diane Axelrod  
 STREET ADDRESS: 2222 Whistling Pine  
 CITY- ST- ZIP: Boca Raton, FL 33428

TITLE:  Delete  Change  Addition

TITLE:  Delete

TITLE:  Delete  Change  Addition

TITLE:  Delete

TITLE:  Delete  Change  Addition

TITLE:  Delete

TITLE:  Delete  Change  Addition

TITLE:  Delete

TITLE:  Delete  Change  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 807, 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: Diane Axelrod  
 DATE: 6/16/01  
 TITLE: V. Pres  
 ID: 3910849

Did not receive originals

CP28034 (11/00)

Attachment  
Doc# S89471  
77102



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

July 12, 2001

AXELROD'S GLASS & MIRROR, INC.  
4160 N.W. 1ST AVENUE  
#19  
BOCA RATON, FL 33431 US

Subject: AXELROD'S GLASS & MIRROR, INC.

Reference Number: S89471

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

**TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/sg  
ANNUAL REPORTS SECTION

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314