

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000032905

1. Entity Name

GLASSWALL, INC.

FILED

Apr 05, 2001 8:00 am
Secretary of State

04-05-2001 90080 033 ***150.00

Principal Place of Business	Mailing Address
3945B NW 32 AVE MIAMI FL 33142 US	12041 SW 110 ST CIR W MIAMI FL 33186 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	14490 S.W. 71ST LANE
City & State	Suite, Apt. #, etc.

City & State	City & State	4. FEI Number	Applied For
Zip	MIAMI	65-0489307	Not Applicable
Country	Zip	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	FL 33183	<input type="checkbox"/>	
	Country		
	U.S.		



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MOUSSA, SAMIR 12041 SW 110TH ST CIRCLE S MIAMI FL 33186	Name
	Street Address (P.O. Box Number is Not Acceptable)
	14490 S.W. 71ST LANE
	City
	MIAMI
	FL
	Zip Code
	33183

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, 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
<input type="checkbox"/>		<input type="checkbox"/>	

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOUSSA, SAMIR G	NAME	14490 S.W. 71ST LANE
STREET ADDRESS	12041 SW 110TH ST CIRCLE S	STREET ADDRESS	MIAMI, FL 33183
CITY-ST-ZIP	MIAMI FL 33186	CITY-ST-ZIP	
TITLE	VP	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SABEHAYON, SAADEDDINE S.	NAME	323-06 IVES DAIRY RD, APT. B6
STREET ADDRESS	800 N MIAMI AVE APT 1205	STREET ADDRESS	MIAMI, FL 33179
CITY-ST-ZIP	MIAMI FL 33136	CITY-ST-ZIP	
TITLE	VPE	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANYOV, DENNIS M.	NAME	
STREET ADDRESS	7903 NW 68TH ST	STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL 33321	CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/2001

Date

(305) 638-5151

Daytime Phone #

CR2E034 (10/00)