

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 08, 2002 8:00 am
Secretary of State

0306268 AV

04-08-2002 90221 008 ***150.00

DOCUMENT # P99000092167

1. Entity Name
GLAVOVIC STUDIO, INC.

Principal Place of Business
**724 NE 3RD AVE
 FORT LAUDERDALE FL 33304**

Mailing Address
**724 NE 3RD AVE
 FORT LAUDERDALE FL 33304**



2. Principal Place of Business
215 SW 14th WAY

3. Mailing Address
215 SW 14th WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
FORT LAUDERDALE, FL

City & State
FT. LAUDERDALE, FL

4. FEI Number **65-1020760**

Applied For
 Not Applicable

Zip **33312** Country **USA**

Zip **33312** Country **USA**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NOTHARD, MARGI
 724 NE 3RD AVE
 FORT LAUDERDALE FL 33304**

Name **NOTHARD, MARGI**

Street Address (P.O. Box Number is Not Acceptable)

215 SW 14th WAY

City **FORT LAUDERDALE FL** Zip Code **33312**

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 **Margi Nothard**, **PRESIDENT** **27 MAR 02**
 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, 2002 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 **P** ☐ Delete
 NAME **NOTHARD, MARGI**
 STREET ADDRESS **724 NE 3RD AVE**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33304**

TITLE **P** ☒ Change ☐ Addition
 NAME **NOTHARD, MARGI**
 STREET ADDRESS **215 SW 14th WAY**
 CITY-ST-ZIP **FT. LAUDERDALE, FL 33312**

TITLE **V** ☐ Delete
 NAME **O'CONNOR, TERENCE A1A**
 STREET ADDRESS **520 NE 20TH STREET**
 CITY-ST-ZIP **WILTON MANORS FL 33305**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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)(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: **Margi Nothard**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

27 MAR 02 954/5245728
 Date Daytime Phone #

CR2E034 (9/01)