

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 18, 2001 8:00 am**
Secretary of State

04-18-2001 90006 022 ***150.00

DOCUMENT # 177133

1. Entity Name

WESTSHORE GLASS CORP.

Principal Place of Business

**5300 WEST KNOX STREET
POST OFFICE BOX 15216
TAMPA FL 33684**

Mailing Address

**5300 WEST KNOX STREET
POST OFFICE BOX 15216
TAMPA FL 33684**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-0714718**

Applied For

Not Applicable

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

**ELOZORY, LIONEL
5300 WEST KNOX STREET
TAMPA FL 33684-2216**

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
PD	ELOZORY, LIONEL	5300 WEST KNOX STREET	TAMPA FL	CHAIRMAN	ELOZORY, LIONEL	16618 SEDONA DE AVILA	TAMPA FL 33613
DV	TELLES, LEANDRO	10325 ORANGE GROVE DR.	TAMPA FL	SECRETARY	TELLES, LEANDRO	10325 ORANGE GROVE DR	TAMPA FL 33618
STD	HYMAN, DAVID	725 EAST KENNEDY BLVD.	TAMPA FL	TREASURER	HYMAN, DAVID	PO BOX 1801	RIVERVIEW FL 33569
				PRESIDENT	RONALD BRUCCOLI	504 CULLEN CT	LUTZ FL 33549

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

Date

Day to Phone #

CR2E034 (10/00)