

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 434359

1. Entity Name

GLASSARAMA, INC.

**FILED**  
**Apr 26, 2000 8:00 am**  
**Secretary of State**

04-26-2000 90391 011 \*\*\*150.00

Principal Place of Business

Mailing Address

100 FEDERAL HIGHWAY  
LAKE PARK FL 33403

100 FEDERAL HIGHWAY  
LAKE PARK FL 33403

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-1480804

Applied For

Not Applicable

Zip

Country

Zip

Country

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

EVANS, ROGER  
100 FEDERAL HWY.  
LAKE PARK FL 33403

Name Rogina L. Evans  
Street Address (P.O. Box Number is Not Acceptable)  
100 FEDERAL HWY  
City LAKE PARK FL Zip Code 33403

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, 2000 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	<input type="checkbox"/> Delete
NAME	EVANS, ROGER	
STREET ADDRESS	6504 GEMINATA OAK COURT	
CITY-ST-ZIP	PALM BCH GRDNS. FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	EVANS, SHIRLEY	
STREET ADDRESS	6504 GEMINATA OAK CT	
CITY-ST-ZIP	PALM BCH GRDNS. FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	EVANS, JOEL	
STREET ADDRESS	100 FEDERAL HWY.	
CITY-ST-ZIP	LAKE PARK FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	ROGINA, EVANS	
STREET ADDRESS	515 5TH COURT	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rogina L. Evans	
STREET ADDRESS	515 5th Ct.	
CITY-ST-ZIP	Palm Beach Gardens, FL 33403	
TITLE	V-S-T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joel G. Evans	
STREET ADDRESS	100 Federal Hwy.	
CITY-ST-ZIP	LAKE PARK, FL 33403	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Roger W. Evans	
STREET ADDRESS	100 Federal Hwy	
CITY-ST-ZIP	LAKE PARK, FL 33403	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Shirley C. Evans	
STREET ADDRESS	100 Federal Hwy.	
CITY-ST-ZIP	LAKE PARK, FL 33403	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/00

Date

861-844-6556

Daytime Phone #

CR2E034 (9/99)