2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an

SIGNATURE:

Th all other like empowered.

NG OFFICER OR DIRECTOR

May 16, 2001 8:00 am Secretary of State **DOCUMENT # 434359** 1. Entity Name 05-16-2001 90222 021 ***150.00 GLASSARAMA, INC. Principal Place of Business Mailing Address 100 FEDERAL HIGHWAY 00 FEDERAL HIGHWAY 100230 LAKE PARK FL 33403 LAKE PARK FL 33403 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-1480804 Not Applicable Zip \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name₊ EVANS, ROGINA L Street Address (P.O. Box Number is Not Acceptable) 100 FEDERAL HWY. LAKE PARK FL 33403 Zip Code v of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating) e if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Change ☐ Addition ☐ Delete TITLE TITLE EVANS, ROGINA L NAME NAME STREET ADDRESS 515 5TH CT STREET ADDRESS PALM BEACH GARDENS FL 33403 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE EVANS, SHIRLEY NAME NAME 100 FEDERAL HWY STREET ADDRESS STREET ADDRESS LAKE PARK FL 33403 CITY-ST-ZIP CITY-ST-ZIP VST Change Addition ☐ Delete TITLE TITLE EVANS, JOEL NAME NAME STREET ADDRESS 100 FEDERAL HWY. STREET ADDRESS LAKE PARK FL 33403 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE EVANS, ROGER NAME NAME 100 FEDERAL HWY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKE PARK-FL 33403 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change ☐ Addition Delete TITLE TITLE 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

FILED