2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 15, 2001 8:00 am Secretary of State **DOCUMENT # 528278** 1. Entity Name GLASS & ESTIMATING CORP. 05-15-2001 90014 014 ***158.75 Mailing Address Principal Place of Business 1116 N.E. FLAGLER DRIVE 1116 N.E. FLAGLER DRIVE FT. LAUDERDALE FL 33304 FT. LAUDERDALE FL 33304 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4, FEI Number Applied For City & State City & State 59-1725829 Not Applicable Country **\$8.75** Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PARZZO PALAZZO, DENISE A 2531 NW 72ND AVE SUNRISE FL 33313 Zip Code 93060 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 9. This corporation is eligible to satisfy its intangible. 10. Election Campaign Financing \$5.00 May After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition アラブ PST TITLE ☐ Delete PALAZZO, DENISE A PALAZZO, DENISE A NAME NAME 304 SE 3RO COURT STREET ADDRESS 2531 NW 72ND AVE STREET ADDRESS CITY-ST-ZIP POMPANO BEACH. *33060* CITY-ST-ZIP SUNRISE FL 33313 Change Addition ☐ Delete TITLE TITLE ANDREW J. PALAZZO NAME PALAZZO, ANDREW J NAME SE 3RD COURT STREET ADDRESS STREET ADDRESS 2531 NW 72ND AVE POMPANO BON, FL. 33060 CITY-ST-7IP 1 CITY-ST-ZIP SUNRISE FL 33313 __ Change ☐ Addition ____ Delete TITLE TITLE _ = NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ 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 of the corporation or the receiver or trustee conchanged, or on an attackment with an address ess, with all other like empowered

SIGNATURE:

SIGNING OFFICER OR DIRECTOR