

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 665765

1. Entity Name  
B. GLASS TYPOGRAPHY, INC.

Principal Place of Business  
C/O JOHN N. GLASS, JR.  
211 CROSS ST.  
MIAMI SPGS. FL 33166

Mailing Address  
C/O JOHN N. GLASS, JR.  
211 CROSS ST.  
MIAMI SPGS. FL 33166

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 59-1988258 Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

KOPPEN, ROBERT A.  
501 NE 94TH STREET  
MIAMI SHORES, FL EF FL 33138

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

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

TITLE VPD  
NAME GLASS, LAWRENCE L.  
STREET ADDRESS 211 CROSS ST.  
CITY-ST-ZIP MIAMI SPRINGS FL ☐ Delete

TITLE PD  
NAME GLASS, JOHN N. JR.  
STREET ADDRESS 211 CROSS ST.  
CITY-ST-ZIP MIAMI SPRINGS FL ☐ Delete

TITLE STD  
NAME RAMOS, MARGARET  
STREET ADDRESS 211 CROSS ST  
CITY-ST-ZIP MIAMI SPRINGS FL 33166 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

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

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]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**  
**Jan 09, 2002 8:00 am**  
**Secretary of State**

01-09-2002 90014 018 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)