

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State

05-03-2001 91000 027 ***150.00

DOCUMENT # F00000003018

1. Entity Name

GLASS EMPORIUM OF MARIN, INC.

Principal Place of Business
 1276 WEST GRAND AVENUE
 OAKLAND CA 94607

Mailing Address
 1276 WEST GRAND AVENUE
 OAKLAND CA 94607

2. Principal Place of Business

825 E. BURGESS ROAD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PENSACOLA, FL

City & State

Zip 32504

Country

Zip

Country

4. FEI Number 94-3219511

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HAKIMIAN, MEARDAD
 7800 PENSACOLA BLVD.
 PENSACOLA FL 32534

7. Name and Address of New Registered Agent

Name: HAKIMIAN, MEHRDAD

Street Address (P.O. Box Number is Not Acceptable)
825 E. BURGESS ROAD

City PENSACOLA

FL

Zip Code 32504

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 State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	☐ Delete
NAME	HAKIMIAN, MEARDAD MEHRDAD	
STREET ADDRESS	355 ORCHID DR.	
CITY-ST-ZIP	SAN RAFAEL CA 94903	
TITLE	T	☐ Delete
NAME	HAKIMIAN, MEARDAD MEHRDAD	
STREET ADDRESS	355 ORCHID DR.	
CITY-ST-ZIP	SAN RAFAEL CA 94903	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

Date

Daytime Phone #

CR2E034 (10/00)

510-8934900