

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 20, 2002 8:00 am**  
**Secretary of State**

02-20-2002 90163 018 \*\*\*150.00

**DOCUMENT # F00000003018**

1. Entity Name

**GLASS EMPORIUM OF MARIN, INC.**

Principal Place of Business

**825 E. BURGESS RD.  
 PENSACOLA FL 32504**

Mailing Address

**1276 WEST GRAND AVENUE  
 OAKLAND CA 94607**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

**825 E. Burgess Rd.**

Suite, Apt. #, etc.

**1276 West Grand Ave.**

City & State

**Pensacola, FL 32504**

City & State

**Oakland, CA**

Zip

**32504**

Country

**USA**

Zip

**94607**

Country

**USA**

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  
 825 E. BURGESS RD.  
 PENSACOLA FL 32504**

7. Name and Address of New Registered Agent

Name **MEHRDAD HAKIMI-AN**

Street Address (P.O. Box Number is Not Acceptable)

**825 E. Burgess Rd.**

City **Pensacola**

**FL**

Zip Code

**32504**

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 **Mehrdad Hakimian**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**1/14/02**

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, 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 **P** ☐ Delete  
 NAME **HAKIMIAN, MEARDAD**  
 STREET ADDRESS **355 ORCHID DR.**  
 CITY-STATE-ZIP **SAN RAFAEL CA 94903**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-STATE-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-STATE-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-STATE-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-STATE-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME  
 STREET ADDRESS  
 CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition

NAME  
 STREET ADDRESS  
 CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition

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 CITY-STATE-ZIP

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 CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition

NAME  
 STREET ADDRESS  
 CITY-STATE-ZIP

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: **MEHRDAD HAKIMI-AN**

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)