

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91763 048 \*\*\*150.00

0680997 AB

DOCUMENT # **F00000004740**

1. Entity Name  
**GLASS-FORM PRODUCTION, INC.**



Principal Place of Business **178 BRUCKNER BLVD 310 TIFFANY ST. BRONX NY 10454 10474**  
Mailing Address **178 BRUCKNER BLVD 310 TIFFANY ST. BRONX NY 10454 10474**

**90128353**



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

CHECK HERE IF MAKING CHANGES

4. FEI Number <b>13-3947928</b>	Applied For
	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**TASHMAN, RAY**  
**2940 N. COURSE DRIVE #402**  
**POMPANO BEACH FL 33069**

7. Name and Address of New Registered Agent

Name **JAMES G. FORMAN**  
Street Address (P.O. Box Number is Not Acceptable) **300 EGRET LANE**  
City **WESTON** FL Zip Code **33327**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE James Forman *Per Form*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	<b>WVC</b>	<input type="checkbox"/> Delete
NAME	<b>SFERRA, JEANINE</b>	
STREET ADDRESS	<b>80 DUTCHER AVE</b>	
CITY-ST-ZIP	<b>PAWLING NY 12546</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>COELHO, DOMINICK</b>	
STREET ADDRESS	<b>80 DUTCHER AVE</b>	
CITY-ST-ZIP	<b>PAWLING NY 12546</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jeanine Sferra **SIGNATURE REQUIRED** **5/1/03** **718-617-4752**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** F00000004740

**1. Entity Name**  
GLASS FORM PRODUCTION, INC.

**2. Principal Place of Business**  
170 BRUCKNER BLVD 310 TIFFANY ST.  
BRONX NY 10464  
10474

**3. Mailing Address**  
170 BRUCKNER BLVD 310 TIFFANY ST.  
BRONX NY 10464  
10474



90128353



**4. FEI Number** 13-3647928

**5. Certificate of Status Desired**  \$8.75 Additional Fee Req.  Not Applicable

**6. Name and Address of Current Registered Agent**  
ROSEMAN, RAY  
2940 N. COURSE DRIVE #402  
POMEROY BEACH FL 33009

**7. Name and Address of New Registered Agent**  
Name: JAMES G. FORMAN  
Street Address (P.O. Box Number is Not Applicable): 300 EGRET LANE  
City: WESTON FL Zip Code: 33327

**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. I am, as officer or director, authorized to sign and accept the obligations of registered agent.**

**SIGNATURE** I JAMES FORMAN AUTHORIZE FLORENCE TO SIGN MY NAME *[Signature]*

Signature, when printed, must be of registered agent and only if applicable. (NOTE: Registered Agent Signature required when transferring.)

**FILE NOW!!! FEE IS \$15.00**  
After May 1, 2003 Fee will be \$50.00  
Make Check Payable to Florida Department of State

**9. Election Campaign Financing Trust Fund Contribution.**  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	WV SFERRA, JEANNE 80 DUTCHER AVE PAWLING NY 12548	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SD COELHO, DOMINICK 80 DUTCHER AVE PAWLING NY 12548	<input type="checkbox"/> Delete	NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		<input type="checkbox"/> Delete	STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		<input type="checkbox"/> Delete	CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition

**12. I hereby certify that the information submitted with this filing does not qualify for the exemption stated in Section 110.07(2)(i), Florida Statutes. I further certify that the information submitted 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed or in an attachment with an appropriate signature.**

**SIGNATURE:** *[Signature]* 5/1/03 718-612-4712

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR