

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2001 8:00 am
Secretary of State

03-20-2001 90028 029 ***158.75

DOCUMENT # F00000006261

1. Entity Name
GLOWINGCANDLE.COM, INC.

Principal Place of Business

1000 ISLAND BLVD., SUITE 3102
 AVENTURA FL 33160

Mailing Address

1000 ISLAND BLVD., SUITE 3102
 AVENTURA FL 33160

2. Principal Place of Business

13899 BISCAYNE BLVD

3. Mailing Address

13899 BISCAYNE BLVD

Suite, Apt. #, etc.

SUITE 225

Suite, Apt. #, etc.

SUITE 225

City & State

N. MIAMI BEACH FL

City & State

N. MIAMI BEACH FL

Zip

33181

Country

USA

Zip

33181

Country

USA

4. FEI Number **22-3657642**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MANELLA, ROSS H ESQUIRE
 2237 N. COMMERCE PARKWAY, SUITE 3
 WESTON FL 33326**

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

Elaine O Demicco

PRESIDENT

3/14/2001

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 **C** ☐ Delete
 NAME **DEMICO, ELAINE O**
 STREET ADDRESS **1000 ISLAND BLVD., SUITE 3102**
 CITY-ST-ZIP **AVENTURA FL 33160**

TITLE **VCP** ☐ Delete
 NAME **DEMICO, FRANK J**
 STREET ADDRESS **1000 ISLAND BLVD., SUITE 3102**
 CITY-ST-ZIP **AVENTURA FL 33160**

TITLE **V** ☐ Delete
 NAME **DEMICO, ERIK**
 STREET ADDRESS **1000 ISLAND BLVD., SUITE 3102**
 CITY-ST-ZIP **AVENTURA FL 33160**

TITLE **ST** ☒ Delete
 NAME **DEGENNARO, MICHELLE**
 STREET ADDRESS **1000 ISLAND BLVD., SUITE 3102**
 CITY-ST-ZIP **AVENTURA FL 33160**

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 **ST** ☐ Change ☒ Addition
 NAME **DEMICO, FRANK J**
 STREET ADDRESS **1000 ISLAND BLVD, SUITE 3102**
 CITY-ST-ZIP **AVENTURA FL 33160**

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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:

Michelle Degennaro

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/2001

Date

305-702-6345

Daytime Phone #

CR2E034 (10/00)

0197906