

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000004023

1. Entity Name

TRAINOR GLASS COMPANY

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90073 018 ***150.00

Principal Place of Business
3728 PROSPECT AVE
RIVIERA BCH FL 33404
US

Mailing Address
11700 S CICERO AVE
ALSIP IL 60803-2825
US

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
11901 S. Austin Avenue
Suite, Apt. #, etc.

City & State
City & State
Alsip, Il.

Zip
Country
60803
U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number **36-2244854**
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TRAINOR, ROBERT J
3728 PROSPECT AVE
RIVIERA BCH FL 33404

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 _____ (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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TRAINOR, ROBERT J SR 8336 W. ARROWHEAD LN ORLAND PARK IL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOP TRAINOR ROBERT J. JR 333 E ONTARIO ST UNIT 1702-B CHICAGO IL 60611	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TRAINOR, JAMES J 8109 W 124TH ST PALOS PARK IL 60464	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS TRAINOR, PETER A 1130 OLIVE RD HOMEWOOD IL 60430	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PUIG, RICHARD A 3728 PROSPECT AVE RIVIERA BCH FL 33404	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TRAINOR, THOMAS D 14518 E. ABBOTT LOCKPORT IL 60441	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO/P TRAINOR, ROBERT J. JR. 433 N. CLINTON CHICAGO, IL. 60610 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TRAINOR, JAMES J. 20 CLUBSIDE DRIVE WILLOWBROOK, IL. 60514 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PUIG, RICHARD A. 227 COLONY WAY WEST JUPITER, FL. 33458-7725 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Robert J. Trainor, Jr. Robert J. Trainor, Jr. 04/27/2000 (708)388-5700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)