

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 02, 2001 8:00 am**  
**Secretary of State**

04-02-2001 90072 043 \*\*\*150.00

**DOCUMENT # F95000004023**

1. Entity Name  
**TRAINOR GLASS COMPANY**

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

Mailing Address  
**11901 S AUSTIN AVENUE  
ALSIP IL 60803  
US**

**735708**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>1101 13th St. West</b>		3. Mailing Address  Suite, Apt. #, etc.	
City & State <b>RIVIERA BEACH, FL.</b>		City & State  	
Zip <b>33404</b>	Country <b>U.S.A.</b>	Zip  	Country  
4. FEI Number <b>36-2244854</b>		Applied For <input type="checkbox"/> 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  <b>TRAINOR, ROBERT J 3728 PROSPECT AVE RIVIERA BCH FL 33404</b>		7. Name and Address of New Registered Agent  Name <b>TRAINOR, ROBERT J.</b> Street Address (P.O. Box Number is Not Acceptable) <b>1101 13th St. West</b>  City <b>RIVIERA BEACH</b> <b>FL</b> Zip Code <b>33404</b>	
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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 ROBERT J. TRAINOR, CEO / PRESIDENT 03/27/2001  
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>TRAINOR, ROBERT J-SR</b> <b>8336 W. ARROWHEAD LN</b> <b>ORLAND PARK IL</b> <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	<b>CEOP</b> <b>TRAINOR ROBERT J. JR</b> <b>433 N CLINTON</b> <b>CHICAGO IL 60610</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEO/P</b> <b>TRAINOR, ROBERT J. JR.</b> <b>481 N. CLINTON</b> <b>CHICAGO, IL. 60610</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>TRAINOR, JAMES J</b> <b>8109 W 124TH ST</b> <b>PALOS PARK IL 60464</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>TRAINOR, JAMES J.</b> <b>20 CLUBSIDE DRIVE</b> <b>WILLOWBROOK, IL. 60514</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS</b> <b>TRAINOR, PETER A</b> <b>1130 OLIVE RD</b> <b>HOMWOOD IL 60430</b> <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	<b>V</b> <b>PUIG, RICHARD A</b> <b>227 COLONY WAY WEST</b> <b>JUPITER FL 33458</b> <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	<b>T</b> <b>TRAINOR, THOMAS D</b> <b>14518 E. ABBOTT</b> <b>LOCKPORT IL 60441</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>TRAINOR, THOMAS D.</b> <b>12041 W. FLINT</b> <b>LOCKPORT, IL. 60441</b> <input checked="" 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: Thomas D. Trainor **THOMAS D. TRAINOR, Treasurer, 03/27/2001 708.388.5700**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)