

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 07, 2001 8:00 am
Secretary of State

06-07-2001 90192 024 ***150.00

DOCUMENT # G58746

1. Entity Name

ST. LAURENT GLASS & MIRROR, INC.

Principal Place of Business

**1801-HYPOLUXO ROAD
UNIT D-3
LANTANA FL 33462
US**

Mailing Address

**1801-HYPOLUXO RD.
UNIT D-3
LANTANA FL 33462
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2318798**

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

**ST. LAURENT, YVON
8545 TOURMALINE BLVD.
BOYNTON BEACH FL 33437-9419**

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

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

(NOT) 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 **PT** ☐ Delete
NAME **ST. LAURENT, YVON G.**
STREET ADDRESS **8545 TOURMALINE BLVD.**
CITY-ST-ZIP **BOYNTON BCH. FL**

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

TITLE **VS** ☐ Delete
NAME **ST. LAURENT, NORMA A.**
STREET ADDRESS **8545 TOURMALINE BLVD.**
CITY-ST-ZIP **BOYNTON BCH. FL**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JUNE 4/2001 561 547-9922

CR2E034 (10/00)

Attachment
DK # G 58746

A070812

JUNE 4/2001

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS.

SUBJECT: RENEWAL OF CORPORATION.

GENTLEMEN,

I HAVE NOT BEEN WELL FOR SOME
TIME NOW AND I AM SCHEDULED FOR
A COLONOSCOPY IN THE IMMEDIATE FUTURE,
THAT IS ON JUNE 18th/2001.

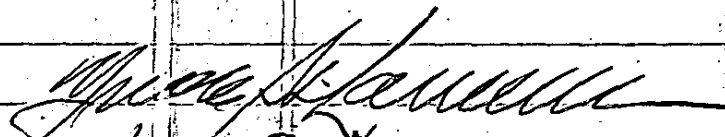
UNFORTUNATELY I HAVE HAD
TO REDUCE MY WORKING HOURS AND I REGRET
TO SAY THAT SOME OF THE PAPER WORK
HAS GOTTEN AWAY FROM ME.

I BELIEVE THIS IS THE FIRST TIME
FILING LATE AND I WOULD BE MOST APPRECIATIVE
IF THE DEPARTMENT WOULD TOLERATE THIS
TARDINESS.

PLEASE FIND OUR CHECK AMOUNTING
TO \$150.00

THANKS FOR YOUR COOPERATION.

YOURS SINCERELY


YVON ST-LAURENT

FOR: ST-LAURENT GLASS & MIRROR INC.