## 2000 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # H05319**

1. Entity Name

changed, or on an attachment wit

SIGNATURE:

GLASS TECH ENGINEERING, INC.

Principal Place	e of Business	Mailing Address							
8469 NW 70TH ST MIAMI FL 33166 US		13523 S.W. 66TH TERRACE MIAMI FL 33183-2367				946	85	3	
							64) <b>618</b> (4 <b>4</b> )	11) BIBII <b>CIT</b> I	1 <b>1   1   1   1   1</b>
2. Principal Place of Business		3. Mailing Address			_				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN 1	THIS SPA	ACE	
City & State		City & State		<b>4.</b> F	59-2684573		_ <del></del>	olled For Applicable	
Zip	Country	Zip	ip Cour			Certificate of Status Desired		3.75 Addi e Required	
	6. Name and Address of Current R	egistered Agent	l		7. N	vame and Address of New Register	ered Age	ent	
				_Name.					
PEREZ, ELVIRA 8469 NW 70TH ST			Stre		Street Address (P.O. Box Number is Not Acceptable)				
MIAN	AI FL 33166			City				Zip Code	
				City			<u>FL</u>		· 
9. This corpo	Signature, typed or printed name of registered agent as pration is eligible to satisfy its Intangible equirement and elects to do so. if a on back)	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of Si			00	10. Election Campaign Financin Trust Fund Contribution.	g 🔲		May Be to Fees
11.	OFFICERS AND I	DIRECTORS	12.		AD	DITIONS/CHANGES TO OFFICERS	S AND D	IRECTORS	S IN 11
TITLE NAME STREET ADDRESS	PD PEREZ, RAMON 13523 S.W. 66TH TERRACE	☐ Delete		,			Ţ	_ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MIAMI FL. PVST PEREZ, ELVIRA J. 13523 S.W. 66TH TERRACE MIAMI FL	☐ Delete	TITLI NAM STRE	E	<u> </u>		[	_ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MIAMITL	☐ Delete	TITLI NAM STRE	E			[	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					[	□ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					[	Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	certify that the information supplied with	☐ Delete	CITY	EET ADDRESS	n Section	119 07(3)(i), Florida Statutes, I furth	er certif	Change	Addition
indicated of the cor	certify that the information supplied with I on this report or supplemental report is reporation or the receiver or trustee emporence.	true and accurate and that wered to execute this repor	t my signa	iture shall have ired by Chapter	the same 607, Flori	legal effect as if made under oath; tida Statutes; and that my name app	that I am ears in I	an officer Block 11 or	or director Block 12 if

TYPED OF PRINTED NAME OF SIGNING OFFIGER OR DIRECTOR

**FILED** Apr 25, 2000 8:00 am Secretary of State 04-25-2000 90008 048 \*\*\*150.00