2000	UNIFORM BUSIN	IESS REPO	RT (UBR)						
DOCUMENT # K14895 1. Entity Name					FILED Feb 02, 2000 8:00 am Secretary of State				
GLINTON SALES, INC.					Secretary of State 02-02-2000 90024 004 ***150.00				
Principal Place of Business Mailing Address						JZ-0Z-2000 90()24 004 ****150).00	
827 N W 62ND STREET MIAMI FL 33150		827 N W 62ND STREET MIAMI FL 33150-4333							
2. Principal Place	e of Business	3. Mailing Address							
Suite, Apt. #, e		Suite, Apt. #, etc.				DO NOT WRITE IN	I THIS SPACE		
City & State		City & State		4. FE	El Number	65-0032029		oplied For	
Zip	Country	Zip	Country	5. C	ertificate of S	tatus Desired	\$8.75 Ad Fee Bequire	ditional	
	6. Name and Address of Current Re	gistered Agent		7. Na	ame and Add	iress of New Regis			
			Name						
GLINTON, LLEWELLYN F 4475 SW 153RD AVE. MIRAMAR FL 33027			Street Addre	Street Address (P.O. Box Number is Not Acceptable)					
MILLAWA			City				FL Zip Coo	le	
	med entity submits this statement for th)			the Carto of Elevide			
SIGNATURE									
Sign	hature, typed or printed name of registered agent and	<u> </u>	Registered Agent signature re	quired when rein	nstating)		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 St				n Campaign Financ und Contribution.)0 May Be d to Fees	
11.	OFFICERS AND DIF	RECTORS	12.	ADD	DITIONS/CH	ANGES TO OFFICE	RS AND DIRECTOP		
STREET ADDRESS 4) SLINTON, LLEWELLYN F. 447 S.W. 153RD AVE. 11RAMAR FL 33027	Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP				Change	Addition	
TITLE		Delete	TITLE				Change	Addition	
STREET ADDRESS	•. * ••••		STREET ADDRESS		, ^-	مىمەر مەر - مەسىمىي	- ಸ್ವಾಮಿಕ್ ಕ್ರಾ	· · · ·=	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP				Change	Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP				Change	Addition	
TITLE NAME STREET ADDRESS		Delete	TITLE NAME STREET ADDRESS			<u>_</u>	Change	Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS		Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS				Change	Addition	
CITY-ST-ZIP 13. I hereby certing Indicated on the corporation of the corporation of the corporation changed, or of the corporation of the co	ify that the information supplied with the this report or supplemental eport is tru ation or the receiver of trustee empower on an attachment with an address, with	is filing does not qualify for t e angleccurate and that my ercode execute this report a full other like stopowered	CITY-ST-ZIP the exemption stated y signature shall have second by Chapte	in Section 1 'the same le r 607, Florid	19.07(3)(i), F egal effect as la Statutes; ar	lorida Statutes. I fur if made under oath nd that my name ap	ther certify that the that I am an office pears in Block 11 c	information r or director r Block 12 if	