

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 05, 2001 8:00 am
Secretary of State

07-05-2001 90005 049 ***150.00

DOCUMENT #

1. Entity Name

FRENE GLOZER REALTY CORP.

Principal Place of Business

Mailing Address

120 E. OAKLAND PK BLVD. SUITE 105 FT. LAUDERDALE, FL 33334
16873 SW 5 WAY WESTON, FL 33326

2. Principal Place of Business

3. Mailing Address

120 E. OAKLAND PK BLVD. SUITE 105 FT. LAUD. FL 33334
16873 SW 5 WAY WESTON, FL 33326

City & State

City & State

FT. LAUD. FL

WESTON, FL

Zip

Country

Zip

Country

33334

BROWARD

33326

BRADW.

4. FEI Number

Applied For

65-0073475

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

A0075802

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MELNICK, MICHAEL
2627 NE 203 ST. #115
MIAMI, FL 33180

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

FRENE GLOZER
June 29, 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	<input type="checkbox"/> Delete
PST	GLOZER, FRENE	16873 SW 5 WAY	WESTON, FL 33326	<input type="checkbox"/>
	GLOZER, FRENE	16873 SW 5 WAY	WESTON, FL 33326	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

FRENE GLOZER
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-29-01
 Date

954-389-8670
 Daytime Phone #

CR2E034 (11/00)