

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 06, 2002 8:00 am**  
**Secretary of State**

08-06-2002 90134 043 \*\*\*150.00

**DOCUMENT # K33371**

1. Entity Name  
**IRENE GLOZER REALTY CORP.**

Principal Place of Business  
**120 E. OAKLAND PK. BLVD**  
**SUITE 105**  
**FT LAUDERDALE FL 33334**  
**US**

Mailing Address  
**16873 SW 5 WAY**  
**WESTON FL 33326**  
**US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0073475**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

**MELNICK, MICHAEL**  
**2627 N.E. 203RD STREET**  
**SUITE 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

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, 2002 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 **PST** ☐ Delete  
 NAME **GLOZER, IRENE**  
 STREET ADDRESS **16873 SW 5 WAY**  
 CITY-ST-ZIP **FT LAUDERDALE FL**

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

TITLE **D** ☐ Delete  
 NAME **GLOZER, IRENE**  
 STREET ADDRESS **16873 SW 5 WAY**  
 CITY-ST-ZIP **FT LAUDERDALE FL**

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

TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 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:

*Irene Glozer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8-2-02

CR2E034 (9/01)

## STATE OF FLORIDA

## OFFICE of VITAL STATISTICS

CERTIFIED COPY

CERTIFICATE OF DEATH  
FLORIDA

LOCAL FILE NO.

1. DECEDENT'S NAME FIRST: SARA MIDDLE: GLOZER LAST: GLOZER		2. SEX Female	
3. DATE OF DEATH (Month, Day, Year) April 6, 2002		4. SOCIAL SECURITY NUMBER 131-34-0429	
5. DATE OF BIRTH (Month, Day, Year) January 26, 1907		6. BIRTHPLACE (City and State or Foreign Country) Roumania	
7. PLACE OF DEATH (Check only one; see instructions on other side) HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> Home <input type="checkbox"/> Other (Specify):		8. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or No) No	
9a. FACILITY NAME (if not institution, give street and number) Memorial Hospital Pembroke-Hospice		9b. INSIDE CITY LIMITS? (Yes or No) Yes	
10. DECEDENT'S USUAL OCCUPATION Housewife		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Widowed	
12. SURVIVING SPOUSE (If wife, give maiden name)		13. COUNTY OF DEATH Broward	
14. RESIDENCE - STATE Florida		15. CITY, TOWN, OR LOCATION Miami Beach	
16. RESIDENCE - ZIP CODE 33141		17. STREET AND NUMBER 6545 Indian Creek Drive #503	
18. FATHER'S NAME (First, Middle, Last) Joseph Isaac Glaser		19. MOTHER'S NAME (First, Middle, Maiden Surname) Frieda Mendelovitz	
20. MARRIAGE ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2449 Jackson St. Hollywood, Florida 33020		21. METHOD OF DISPOSITION (Name of cemetery, crematory, or other place) Mt Hebron Cemetery	
22. NAME AND ADDRESS OF FACILITY Eternal Light Funeral Directors 17250 W. Dixie Hwy. North Miami Beach, FL.		23. DATE SIGNED (Mo., Day, Yr.) April 7, 2002	
24. NAME AND ADDRESS OF PHYSICIAN, MEDICAL EXAMINER, or Coroner DR. FREDDIE NIXON, M.D. 7800 SHERIDAN ST. PEMBROKE PINES, FLORIDA		25. DATE REGISTERED APR 9 2002	
26. IMMEDIATE CAUSE (final disease or condition resulting in death) cerebrovascular accident, and stage 2 heart		27. CAUSE (final disease or condition resulting in death) multiple infarct dementia	
28. IF FEMALE, WAS THERE A PREGNANCY (THE PAST 3 MONTHS)? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		29. IF SURGERY IS MENTIONED IN PART I OR II, ENTER CONDITION FOR WHICH IT WAS PERFORMED	
30. DATE OF BIRTH (Month, Day, Year)		31. DATE OF DEATH (Month, Day, Year)	
32. PLACE OF BIRTH - At home, farm, street, factory, etc. (Specify)		33. LOCATION (Street and Number or Rural Route Number, City or Town, State)	

THIS IS A CERTIFIED TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE

BY

Dorcas Owens  
Deputy Chief RegistrarState Registrar  
APR 10 2002

WARNING:

13416831

THIS DOCUMENT IS PRINTED ON PHOTOGRAPHIC OR SECURITY PAPER WITH A WATERMARK OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARK. THE DOCUMENT PAGE CONTAINS A MULTI-COLORED BACKGROUND AND GOLD EMBOSSED SEAL. THE BACK CONTAINS SPECIAL LINES WITH T-1 AND S-1 IN THERMOCHROMIC INK.

FLORIDA DEPARTMENT OF  
HEALTH

DOH FORM 1564 (10-99)

VOID IF ALTERED OR ERASED

*Attachment*

**IRENE GLOZER REALTY CORP.**  
**120 E. OAKLAND PARK BLVD. #105**  
**FT. LAUDERDALE, FL. 33334**  
**954-389-8670/305-944-8715**  
**FAX 954-389-1279**  
**IRENEGLO@AOL.COM**

676608  
# K33371

August 2, 2002

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Fl. 32314

Re: 65-0073475

To Whom it May Concern:

I apologize for being so late in paying for the corporation that was due by May 1, 2002 for \$150.00 (which I am enclosing).

The reason was that my mother was chronically ill, I had to take care of her and was financially strapped. As a result my mother passed away on April 6, 2002 and I was very busy taking care of all her things and I frankly took it very bad and had no head for anything. I just left everything go, including my business.

I would like very if you see it in your heart to accept this explanation. I am sending you copy of the death certificate.

Very truly yours,

*Irene Glozer*

Irene Glozer