2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 12, 2001 8:00 am
Secretary of State
01-12-2001 90032 016 ***150.00

DOCUMENT # K45838

1. Entity Name
GLASSBERG & GLASSBERG, P.A.

Principal Place of Business	Mailing Address
% DAVID M. GLASSBERG ~~1570 MADRUGA AVENUE #211~~ ~~CORAL GABLES FL 33146~~ US	% DAVID M. GLASSBERG ~~1570 MADRUGA AVENUE #211~~ ~~CORAL GABLES FL 33146~~ US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
13605 So DIXIE HIGHWAY	SAME AS # 2
Suite, Apt. #, etc. #114-514	Suite, Apt. #, etc.
City & State MIAMI, FL	City & State
Zip 33176 Country USA	Zip Country

4. FEI Number 59-2710755 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GLASSBERG, DAVID M.
~~1570 MADRUGA AVENUE #211~~
~~CORAL GABLES FL 33146~~

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable) SAME AS #2
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] 01/8/01
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	DPST ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	GLASSBERG, DAVID M.	NAME	
STREET ADDRESS	~~1570 MADRUGA AVENUE #211~~ Same as # 2	STREET ADDRESS	
CITY-ST-ZIP	~~CORAL GABLES FL~~	CITY-ST-ZIP	
TITLE	DVP ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	GLASSBERG, LORI H	NAME	
STREET ADDRESS	~~1570 MADRUGA AVE~~ Same as #2	STREET ADDRESS	
CITY-ST-ZIP	~~CORAL GABLES FL~~ 33148	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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] 01/8/01 (305)669-9535
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/00)