

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 24, 2003 8:00 am**  
**Secretary of State**

03-24-2003 90653 022 \*\*\*150.00

**DOCUMENT # K65154**

1. Entity Name  
**GLASSALUM INTERNATIONAL CORPORATION**



Principal Place of Business

% JOHN R. BARKER  
7933 NW 71ST ST.  
MIAMI FL 33166

Mailing Address

% JOHN R. BARKER  
7933 NW 71ST ST.  
MIAMI FL 33166

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0114023**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**EMIL SHER,**  
**13320 NO. CALUSA CLUB DRIVE**  
**MIAMI FL 33186**

7. Name and Address of New Registered Agent

Name

**JIM ANDERSON**

Street Address (P.O. Box Number is Not Acceptable)

**1599 PASSION VINE CIRCLE**

City **WESTON,**

**FL**

Zip Code **33326**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**2-7-03**

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

|                |                                   |  |
|----------------|-----------------------------------|--|
| TITLE          | <b>P</b>                          | <input type="checkbox"/> Delete            |
| NAME           | <b>BARKER, JOHN R.</b>            |  |
| STREET ADDRESS | <b>5147 NO BAY ROAD</b>           |  |
| CITY-ST-ZIP    | <b>MIAMI BEACH FL</b>             |  |
| TITLE          | <b>D</b>                          | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>SHER, EMIL</b>                 |  |
| STREET ADDRESS | <b>13320 NO CALUSA CLUB DRIVE</b> |  |
| CITY-ST-ZIP    | <b>MIAMI FL</b>                   |  |
| TITLE          |                                   | <input type="checkbox"/> Delete            |
| NAME           |                                   |  |
| STREET ADDRESS |                                   |  |
| CITY-ST-ZIP    |                                   |  |
| TITLE          |                                   | <input type="checkbox"/> Delete            |
| NAME           |                                   |  |
| STREET ADDRESS |                                   |  |
| CITY-ST-ZIP    |                                   |  |
| TITLE          |                                   | <input type="checkbox"/> Delete            |
| NAME           |                                   |  |
| STREET ADDRESS |                                   |  |
| CITY-ST-ZIP    |                                   |  |
| TITLE          |                                   | <input type="checkbox"/> Delete            |
| NAME           |                                   |  |
| STREET ADDRESS |                                   |  |
| CITY-ST-ZIP    |                                   |  |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                                 |  |
|----------------|---------------------------------|--|
| TITLE          | <b>CHIEF FINANCIAL OFFICER</b>  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>JIM ANDERSON</b>             |  |
| STREET ADDRESS | <b>1599 PASSION VINE CIRCLE</b> |  |
| CITY-ST-ZIP    | <b>WESTON, FL 33326</b>         |  |
| TITLE          |                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                 |  |
| STREET ADDRESS |                                 |  |
| CITY-ST-ZIP    |                                 |  |
| TITLE          |                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                 |  |
| STREET ADDRESS |                                 |  |
| CITY-ST-ZIP    |                                 |  |
| TITLE          |                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                 |  |
| STREET ADDRESS |                                 |  |
| CITY-ST-ZIP    |                                 |  |
| TITLE          |                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                 |  |
| STREET ADDRESS |                                 |  |
| CITY-ST-ZIP    |                                 |  |

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**JIM ANDERSON** CHIEF FINANCIAL OFFICER

**2-7-03**

**(305) 592-1212**

DATE

Daytime Phone #

CR2E034 (10/02)