

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2000 8:00 am
Secretary of State

02-05-2000 90038 043 ***150.00

DOCUMENT # K94287

1. Entity Name

MICHAEL M. GLASSBERG, INCORPORATED

Principal Place of Business

Mailing Address

2930 UNIVERSITY DRIVE
 #32
 CORAL SPRINGS FL 33065
 US

~~3528 CORAL SPRINGS DR~~
~~CORAL SPRINGS FL 33062-3655~~
 US

2. Principal Place of Business

3. Mailing Address

2880 NE 14TH Str.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

(SWY, APT. 501)

City & State

City & State

Pompano Bch, FL

4. FEI Number

65-0124257

Applied For

Not Applied

Zip

Country

Zip

Country

33062

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

GLASSBERG, MICHAEL M.
3528 CORAL SPRINGS DR
CORAL SPRINGS FL 33065

Name

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

2880 NE 14TH ST. (SWY)
APT. 501

City

Pompano Bch

FL

Zip Code

33062

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, 2000 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	
	D	GLASSBERG, MICHAEL M.	3528 CORAL SPRINGS DR.	CORAL SPRINGS FL 33065	<input type="checkbox"/>
				<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"/> Additor
		2880 NE 14TH Street	(SWY APT 501)	Pompano Bch, FL 33062	<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: Michael M. Glassberg, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/00

Date

904-341-4813

Daytime Phone #