

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L40785

1. Entity Name

COCONUT GROVE GLASS & MIRROR CORP.

FILED
Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90016 016 ***150.00

Principal Place of Business

Mailing Address

4408 PONE DE LEON BLVD.
CORAL GABLES FL 33146-1831

4408 PONCE DE LEON BLVD.
CORAL GABLES FL 33142-4224

2. Principal Place of Business

4246 NW. 37 AVE.

3. Mailing Address

4246 NW. 37 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

4. FEI Number

65-0167133

Applied For

Not Applicable

Zip

33142

Country

U.S.A.

Zip

33142

Country

U.S.A.

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

VALDES-ZUAZO, WILLIAM
10471 S.W. 46 TERRACE
MIAMI FL 33165

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

WILLIAM VALDES
PRESIDENT

1/12/00

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

D

☐ Delete

VALDES-ZUANZO, WILLIAM
4408 PONCE DE LEON BLVD
CORAL GABLES FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D.

☒ Change ☐ Addition

VALDES-ZUANZO, WILLIAM
4246 NW. 37 AVE.
MIAMI, FL., 33142

TITLE
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CITY-ST-ZIP

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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: X

WILLIAM VALDES
PRESIDENT

1/12/2000

(305) 634-3420

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #