

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000001171

1. Entity Name
GLYREX MANAGEMENT, LLC

FILED *W 4/20*
00 JAN 13 PM 12:16
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business
2321 NE 34TH COURT
LIGHTHOUSE POINT FL 33064

Mailing Address
2321 NE 34TH COURT
LIGHTHOUSE POINT FL 33064-8146



DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------|---------|---------------------|---------|------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| 2. Principal Place of Business | | 3. Mailing Address | | 4. FEI Number | <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| Zip | Country | Zip | Country | | |

6. Name and Address of Current Registered Agent

PARKER, CHARLES
2321 NE 34TH COURT
LIGHTHOUSE POINT FL 33064

7. Name and Address of New Registered Agent

| | |
|----------------------------------------------------|-------------|
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

| 9. MANAGING MEMBERS / MEMBERS | | 10. ADDITIONS / CHANGES | |
|----------------------------------------------------|------------------------------------------------------------------------------------------------------------|----------------------------------------------------|----------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM PARKER, CHARLES 2321 NE 34TH COURT LIGHTHOUSE POINT FL 33064 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> |
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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Charles Parker* **Charles Parker** 1/6/00 954-946-8210
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #