2001 UNIFORM BUSINESS REPORT (UBR)

200		INESS NEPO	ui (nbu)			
DOCUMENT # L9900006132 1. Entity Name strataglass, ILC				FILED		
				OIFEB-2 PM	3: 22	
Principal Place of Business 2968 RAVENSWOOD ROAD SUITE 107 & 108 FT. LAUDERDALE FL 33312		Mailing Address 2968 RAVENSWOOD ROAD SUITE 107 & 108 FT. LAUDERDALE FL 33312		SEGRETARY OF STATE TALEAHASSEE, FLORIDA		
2. Principal Place of Business		3. Mailing Address		I HERIODIA REB 18310 IDIAI 68311 88111 88311 8831 	it 82116 diidi 11884 11118 1181 1881	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & State		City & State		4. FEI Number 65-0942503	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$5.00 Additional Fee Required	
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered	I Agent	
IRVINE, EDISON			Name			
2968 RAVENSWOOD ROAD FT. LAUDERDALE FL 33312			Street Address	Street Address (P.O. Box Number is Not Acceptable)		
TT. EAGE	ENDALL I E 000 IZ		City	E	Zip Code	
•			L			
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						
	•)W!!! FEE IS \$50.00		1	
	•	Make Check Pay	yable to Department	of State	Į.	
9.	MANAGING MEMBE	RS/MEMBERS	10.	ADDITIONS/CHANGE		
NAME STREET ADDRESS CITY-ST-ZIP	ELHI, INC. 2968 RAVENSWOOD ROAD FT. LAUDERDALE FL 33312	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition 6	
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STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP	and the state of t	this filing doos and muchti-f	the exemption stated in 5	Continue 110 07/2\(ii) Elorida Statutan 1 further or	ortify that the information	
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 the information sindicated on this report is true and accurate and that the information indicated on this report is true and accurate and that the information indicated on this report is true and accurate and that the information indicated on this report is true and accurate and that the information indicated on this report is true and accurate and that the information indicated on this report is true and accurate and that the information indicated on this report is true and accurate and that the information indicated on this report is true and accurate and that the information indicated on this report is true and accurate and that the information indicated on this report is true and accurate and that the information indicated on this report is true and accurate and that the information indicated on this report is true and accurate and that the information indicated in the information indicated on this report is true and accurate and that the information indicated in the information indicated on this report is true and accurate and the information indicated in the information indicated						
SIGNATURE: 1-29-01 (954)581-2221 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Despire Phone #						