

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M37482

1. Entity Name

GLOW LAND CORPORATION

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90288 016 ***150.00

Principal Place of Business

Mailing Address

10 NE 167 STREET
 NORTH MIAMI BEACH FL 33162
 US

C/O GOLDWYN
 115 KENSINGTON ROAD
 HOLLYWOOD FL 33021-2819
 US

2. Principal Place of Business

3. Mailing Address

10 N.E 167 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

N. M. B

4. FEI Number

59-2710389

Applied For

Not Applicable

Zip

Country

33162

Country

date U.S.

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

GOLDWYN, OWEN L.
 3800 S. OCEAN DRIVE
 SUITE 235
 HOLLYWOOD FL 33019

Name

ofer SHOMRONI

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

3055 Lakeshore Dr

City

Ft Lauderdale 33312 FL

Zip Code

33312

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

4/28/00

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 PD ☒ Delete
 NAME GOLDWYN, OWEN L.
 STREET ADDRESS 10 NE 167 STREET
 CITY-ST-ZIP NORTH MIAMI BEACH FL

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME SHOMRONI, OFER
 STREET ADDRESS 10 NE 167 STREET
 CITY-ST-ZIP NORTH MIAMI BEACH FL

TITLE ☐ Change ☐ Addition
 NAME president - secretary
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME SHOMRONI, OFER
 STREET ADDRESS 800 W. OAKLAND PARK BLVD
 CITY-ST-ZIP Ft Lauderdale FL 33311

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/00 305/333-7778

CR2E034 (9/99)