## 2002 Uniform Business Report (UBR)

## Mar 18, 2002 8:00 am **DOCUMENT #** M37482 **Secretary of State** 1. Entity Name 03-18-2002 90029 033 \*\*\*150 00 **GLOW LAND CORPORATION** Principal Place of Business Mailing Address 800 W. OAKLAND PARK BLVD 800 W. OAKLAND PARK BLVD SUITE 100 SUITE 100 FORT LAUDERDALE FL 33311 FORT LAUDERDALE FL 33311 US 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 59-2710389 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required =7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent . SHAMROCK, OFER umber is Not A Ste 100 3055 LAKESHORE DRIVE FORT LAUDERDALE FL 33312 Zi<u>p</u> Code City 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or pri ent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (9/01) Addition TITLE Delete TITLE RASABI, STEVE NAME NAME 800 W. OAKLAND PARK BLVD., STE. 100 STREET ADDRESS STREET ADDRESS FT. LAUDERDALE FL 33311 CITY-ST-ZIP CITY-ST-7IP ☐ Change \_\_\_ Addition TITLE **VPD** ☐ Delete TITLE SHOMRONI, OFFER NAME NAME STREET ADDRESS 800 W. OAKLAND PARK BLVD., STE. 100 STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE FL 33311 CITY-ST-ZIE TITLE ست سيد: Delete TITLE, SD. NAME SIMRING, ELLIS NAME STREET ADDRESS STREET ADDRESS 800 W. OAKLAND PARK BLVD., STE. 100 CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33311 □ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Discontinue Proces