

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M39187

1. Entity Name

"U-NAME-IT" PRINTING, INC.

Principal Place of Business

21000 BOCA RIO RD A-7  
BOCA RATON FL 33433

Mailing Address

21000 BOCA RIO RD A-7  
BOCA RATON FL 33433-1505

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

GLASSNER, SHELDON W.  
1533 NW 80 AVE D.  
MARGATE FL 33069

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE DP  
NAME GLASSNER, SHELDON W.  
STREET ADDRESS 1533 NW 80 AVENUE #D  
CITY-ST-ZIP MARGATE FL ☐ Delete

TITLE D  
NAME GLASSNER, PEARL E.  
STREET ADDRESS 7646 NW 38 COURT  
CITY-ST-ZIP SUNRISE FL ☐ Delete

TITLE D  
NAME GLASSNER, PAUL L.  
STREET ADDRESS 7646 NW 38 COURT  
CITY-ST-ZIP SUNRISE FL ☐ Delete

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE ☐ Change ☐ Add  
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Sheldon W. Glassner*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/00

Date

561-488-3321

Daytime Phone #

**FILED**  
**Jan 26, 2000 8:00 am**  
**Secretary of State**

01-26-2000 90097 039 \*\*\*150.00

00009562



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2724763

Applied For

Not Applied

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required