

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M88095

1. Entity Name

GLASSWALL CONCEPTS, INC.

**FILED**  
**Apr 11, 2000 8:00 am**  
**Secretary of State**

04-11-2000 90018 007 \*\*\*150.00

Principal Place of Business Mailing Address  
% JAMES R. BROOMHALL % JAMES R. BROOMHALL  
473 SOUTH DRIVE 473 SOUTH DRIVE  
MIAMI SPRINGS FL 33166 MIAMI SPRINGS FL 33166-5945

2. Principal Place of Business 3. Mailing Address  
473 SOUTH DRIVE P.O. BOX 661083 MIAMI SPRINGS FL 33266  
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
MIAMI SPRINGS FL

Zip Country Zip Country  
33166 MIAMI-DADE



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0059360 Applied For  
Not Applicable

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  
BROOMHALL, JAMES R. Name  
473 SOUTH DRIVE Street Address (P.O. Box Number is Not Acceptable)  
MIAMI SPRINGS FL 33166 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 JAMES R. BROOMHALL, SR. DATE  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ 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                      | TS                     | <input type="checkbox"/> Delete | TITLE   |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | BROOMHALL, JAMES R. J  |                                 | NAME  |                         |  |
| STREET ADDRESS             | 649 EASTWARD DR        |                                 | STREET ADDRESS  |                         |  |
| CITY-ST-ZIP                | MIAMI SPRINGS FL 33166 |                                 | CITY-ST-ZIP   |                         |  |
| TITLE                      | V                      | <input type="checkbox"/> Delete | TITLE   | P                       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | BROOMHALL, JAMES R. S  |                                 | NAME  | BROOMHALL, RITA A       |  |
| STREET ADDRESS             | 473 S. DR.             |                                 | STREET ADDRESS  | 473 SOUTH DRIVE         |  |
| CITY-ST-ZIP                | MIAMI SPRINGS FL 33166 |                                 | CITY-ST-ZIP   | MIAMI SPRINGS, FL 33166 |  |
| TITLE                      |                        | <input type="checkbox"/> Delete | TITLE   |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                        |                                 | NAME  |                         |  |
| STREET ADDRESS             |                        |                                 | STREET ADDRESS  |                         |  |
| CITY-ST-ZIP                |                        |                                 | CITY-ST-ZIP   |                         |  |
| TITLE                      |                        | <input type="checkbox"/> Delete | TITLE   |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                        |                                 | NAME  |                         |  |
| STREET ADDRESS             |                        |                                 | STREET ADDRESS  |                         |  |
| CITY-ST-ZIP                |                        |                                 | CITY-ST-ZIP   |                         |  |
| TITLE                      |                        | <input type="checkbox"/> Delete | TITLE   |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                        |                                 | NAME  |                         |  |
| STREET ADDRESS             |                        |                                 | STREET ADDRESS  |                         |  |
| CITY-ST-ZIP                |                        |                                 | CITY-ST-ZIP   |                         |  |
| TITLE                      |                        | <input type="checkbox"/> Delete | TITLE   |                         | <input type="checkbox"/> Change <input type="checkbox"/> 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: JAMES R. BROOMHALL, SR. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date Daytime Phone #

CR2E034 (9/99)