

2000 UNIFORM BUSINESS REPORT (UBR)**FILED**
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90119 050 ***150.00

DOCUMENT # M97350

1. Entity Name

GLASS & MIRROR OF BOCA INC.**A0039851**

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

**2174 N. DIXIE HWY
BOCA RATON FL 33431****2174 N. DIXIE HWY
BOCA RATON FL 33431-8002**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0075913

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**BUDIC, ALEKSANDER
3049 N.W. 25TH WAY.
BOCA RATON FL 33434**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D	TITLE	
NAME	BUDIC, ALEKSANDAR	NAME	
STREET ADDRESS	3049 N.W. 25TH WAY	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33434	CITY-ST-ZIP	
TITLE	VP	TITLE	
NAME	BUDIC, NADA	NAME	
STREET ADDRESS	3049 N.W. 25TH WAY	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33434	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #