

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 28, 2002 8:00 am**  
**Secretary of State**

04-28-2002 90780 028 \*\*\*150.00

DOCUMENT # M97350

1. Entity Name

GLASS + MIRROR OF Boca Inc.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

2174 N. Dixie Hwy

3. Mailing Address

2174 N Dixie Hwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Boca Raton FL

City & State

Boca Raton FL

4. FEI Number

65-0075913

Applied For

Not Applicable

Zip

Country

Zip

Country

33431

33434

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

BUDIC ALEKSANDAR

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

3049 N.W. 25th Way

City

Boca Raton

FL

Zip Code

33434

**DO NOT WRITE  
IN THIS SPACE**

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) ☐

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**

**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 D  
NAME BUDIC, ALEKSANDAR  
STREET ADDRESS 3049 N.W. 25th Way  
CITY-ST-ZIP Boca Raton FL 33434

TITLE VP  
NAME BUDIC, NADQ  
STREET ADDRESS 3049 NW 25th Way  
CITY-ST-ZIP Boca Raton FL 33434

TITLE  
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CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

N. Budic

NADQ BUDIC

4/17-02 561-392-4004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)