


FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90075 046 ***150.00

0218577 AV

DOCUMENT # P00000013724

1. Entity Name
GLOMI PROPERTIES, INC.



Secretary of State
01-24-2003 90075 046 ***150.00

Principal Place of Business
19955 PORTO VITA WAY
APT 1804
AVENTURA FL 33180
US

Mailing Address
19955 PORTO VITA WAY
APT 1804
AVENTURA FL 33180
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Country

Country

4. FEI Number
65-0979812

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
ROSENTHAL, KERRY E ESQ
2875 N.E. 191 STREET
SUITE 500
AVENTURA FL 33180

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS
TITLE D
NAME RYBEN, MOISES
STREET ADDRESS 19955 PORTO VITA WAY- 1804
CITY-ST-ZIP AVENTURA FL 33180
Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE RUBEN, Moises
NAME RUBEN, Moises
STREET ADDRESS 19955 Porto Vita Way - 1804
CITY-ST-ZIP Aventura, FL 33180
Change

12. 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 10 or Block 11 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 1/22/03