

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 01, 2002 8:00 am**  
**Secretary of State**

0369132 AV

**DOCUMENT # P00000045247**

1. Entity Name  
**DAVID D. GLASS, P.A.**

04-01-2002 90013 043 \*\*\*150.00

Principal Place of Business  
**21327 FALLS RIDGE WAY**  
**BOCA RATON FL 33428**

Mailing Address  
**21327 FALLS RIDGE WAY**  
**BOCA RATON FL 33428**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**2255 Glades Road**

3. Mailing Address  
**2255 Glades Road**

Suite, Apt. #, etc.  
**Suite 234 W**

Suite, Apt. #, etc.  
**Suite 234 W**

City & State  
**Boca Raton, Fla.**

City & State  
**Boca Raton, Fla.**

4. FEI Number **65-1004826**

Applied For  
 Not Applicable

Zip  
**33431**

Country  
**Palm Beach**

Zip  
**33431**

Country  
**Palm Beach**

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

**6. Name and Address of Current Registered Agent**

**CORPORATE CREATIONS ENTERPRISES INC.**  
**941 FOURTH STREET, #200**  
**MIAMI BEACH FL 33139**

**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 **Sorry - Not Applicable** 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, 2002 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 **D** ☐ Delete  
 NAME **GLASS, DAVID D**  
 STREET ADDRESS **21327 FALLS RIDGE WAY**  
 CITY-ST-ZIP **BOCA RATON FL 33428**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

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

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
 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 if changed, or on an attachment with an address, with another like empowered.

**SIGNATURE:**

**REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/20/02**  
 Date

**561 994-7233**  
 Daytime Phone #

CR2E034 (9/01)