

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000051858

1. Entity Name  
GLASSWALL CONSTRUCTION, INC.

**FILED**  
**Mar 28, 2001 8:00 am**  
**Secretary of State**

03-28-2001 90071 011 \*\*\*158.75

Principal Place of Business  
17101 NE 19TH AVE., SUITE 205  
N. MIAMI BCH FL 33162

Mailing Address  
17101 NE 19TH AVE., SUITE 205  
N. MIAMI BCH FL 33162

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
**1920 NE 208th TERRACE**  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State		City & State <b>NORTH MIAMI BCH. FLA</b>		4. FEI Number <b>65-1012071</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33179</b>	Country <b>USA</b>	Zip <b>33179</b>	Country <b>USA</b>	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SERNS, DAVID R ESQ.  
17101 NE 19TH AVE., SUITE 205  
N. MIAMI BCH FL 33162

Name  
**LESLIE RANCE**  
Street Address (P.O. Box Number is Not Acceptable)  
**1920 NE 208th TERRACE**  
City  
**NORTH MIAMI BEACH** FL Zip Code  
**33179**

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  
**3/23/01**

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SERNS, DAVID R</b> <b>17101 NE 19TH AVE., SUITE 205</b> <b>N. MIAMI BCH FL 33162</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b> <b>LESLIE RANCE</b> <b>1920 NE 208th TERRACE</b> <b>NORTH MIAMI BEACH, FLORIDA 33179</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **LESLIE RANCE**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/23/2001** **305-682-1002**  
Date Daytime Phone #

CR2E034 (10/00)