FILED
May 05, 2004 8:00 am
Secretary of State
05-05-2004 90233 011 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000063400

1. Entity Name
GLANER Corp.

5790 W 14 Lane
Hialeah Fla 33012

5790 W 14 Lane
Hialeah Fla 33012

14021740

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5790 W 14 LANE	5790 W 14 LANE
Suite, Apt. #, etc. HIALEAH	Suite, Apt. #, etc.
City & State HIALEAH FLA	City & State HIALEAH FLA
Zip 33012 / Country MIAMI DADE	Zip 33012 / Country MIAMI DADE

4. FEI Number 65-1037427 ☐ Applied For ☐ Not Applicable

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

TEODORO J. TUNDIDOR
5790 W 14 LANE
HIALEAH FLA 33012

7. Name and Address of Current Registered Agent
Name TEODORO J. TUNDIDOR
Street Address (P.O. Box Number is Not Acceptable)
5790 W 14 LANE
City HIALEAH FL Zip Code 33012

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

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	DVPS	TITLE	
NAME	TEODORO J. TUNDIDOR	NAME	
STREET ADDRESS	5790 W 14 LANE	STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FLA 33012	CITY-ST-ZIP	
TITLE	PD	TITLE	
NAME	TEODORO J. TUNDIDOR	NAME	
STREET ADDRESS	5790 W 14 LANE	STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FLA 33012	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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

SIGNATURE: [signature] J. [signature]   4-29-2004   (786) 553-9988
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E031R (10/03)