

03 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000063400

1. Entity Name

GLANER CORP.

FILED

03 MAR -7 PM 2:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5790 W 14th LANE

Suite, Apt. #, etc.

HALEAH FLA

City & State

3. Mailing Address

5790 W 14th LANE

Suite, Apt. #, etc.

HALEAH FLA

City & State

DO NOT WRITE IN THIS SPACE

Zip

33012

Country

DADE

Zip

33012

Country

DADE

4. FEI Number

65-1037427

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

TUNDIDOR, TEODORO J

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

5790 WEST 14th LANE

City

HALEAH

FL

Zip Code

33012

**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]

TUNDIDOR TEODORO J. PRESIDENT ETC.

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 NAME STREET ADDRESS CITY - ST - ZIP	PD, DVPS TUNDIDOR TEODORO J 5790 W 14 LANE HALEAH FLA 33012	TITLE NAME STREET ADDRESS CITY - ST - ZIP	700013629497 03/06/03--01053--008 **150.00
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-3-03

Date

(305) 822-1974

Daytime Phone #

(786) 553-9988