

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000070298

1. Entity Name

HUDSON MIRROR & GLASS CO. INC.

Principal Place of Business

11401 SW 94TH AVENUE
MIAMI FL 33178

Mailing Address

11401 SW 94TH AVENUE
MIAMI FL 33178

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

MILLER, ROBERT M ESQ
5915 PONCE DE LEON BLVD SUITE 12
CORAL GABLES FL 33146

4. FEI Number

65-1138439

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

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

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) ☐

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
D WAXMAN, JEFF 11401 SW 94TH AVENUE MIAMI FL 33178	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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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"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

08-06-2001 90001 041 ***150.00
FILED P00000070298
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT -9 AM 10:14



DO NOT WRITE IN THIS SPACE

0066047 AV

CR034 (5/01)

Attachment
#PO00000070298
A0080505

July 2001

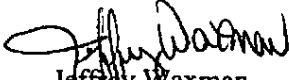
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Dear Sir or Madam:

I was told I needed to write this letter, after I made the call to your office.

This is my first year at renewing my corporation, my understanding is that the state department sent me a renewal form before May to renew. I seem to not have received it. I do sincerely apologize for not knowing that my renewal is always before May not on my anniversary date in July. I will now know for future renewals. Please accept my apologize.

Sincerely,


Jeffrey Waxman

Hudson Mirror & Glass Co. Inc.
11401 SW 94th Ave.
Miami, FL 33176

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