

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90936 029 \*\*\*150.00

**DOCUMENT # P00000106157**

1. Entity Name  
**ALL AROUND GLASS, INC.**



Principal Place of Business  
**201 NW 1ST AVENUE UNIT #1  
HALLANDALE FL 33009-4029**

Mailing Address  
**201 NW 1ST AVENUE UNIT #1  
HALLANDALE FL 33009-4029**



2. Principal Place of Business  
**118 NW 2nd St.**  
Suite, Apt. #, etc.

3. Mailing Address  
**118 NW 2nd St.**  
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State  
**Hallandale, FL**  
Zip Country  
**33009 Broward**

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**Hallandale, FL**  
Zip Country  
**33009 Broward**

4. FEI Number **65-1056649** Applied For  
Not Applicable

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

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

**STARTZ, KEITH  
16476 NE 27TH AVENUE  
N MIAMI BEACH FL 33160**

**7. Name and Address of New Registered Agent**

Name **Startz, Keith**  
Street Address (P.O. Box Number is Not Acceptable)  
**3703 NE 166 St. #705**  
**N. Miami Beach FL 33160**  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Keith Startz**  
Signature, typed or printed name of registered agent and title if applicable.

**Keith Startz**  
(NOTE: Registered Agent signature required when reinstating)

**4/11/03**  
DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
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 **PVST** ☐ Delete  
NAME **STARTZ, KEITH**  
STREET ADDRESS **16476 NE 27TH AVENUE**  
CITY-ST-ZIP **N MIAMI BEACH FL 33160**

TITLE **D** ☐ Delete  
NAME **STARTZ, KEITH**  
STREET ADDRESS **16476 NE 27TH AVENUE**  
CITY-ST-ZIP **N MIAMI BEACH FL 33160**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11. 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

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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 Block 11 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 #

CR2E034 (10/02)