

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

DOCUMENT # **P00000115553**

1. Entity Name

Passing Glance, Inc.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 MAY -7 AM 10:00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7300 SW 62nd

Suite, Apt. #, etc.

200

3. Mailing Address

2154 NW 139 Ave

Suite, Apt. #, etc.

City & State

South Miami, FL

City & State

Pembroke Pines, FL

Zip

33143

Country

USA

Zip

33028

Country

USA

4. FEI Number

592388789

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Patricia Forzley

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

2154 NW 139 Ave

Pembroke Pines

City

FLA

FL

Zip Code

33028

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Patricia Forzley
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/17/03

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
NAME
STREET ADDRESS
CITY - ST - ZIP
Patricia K Forzley
President
2154 NW 139 Ave
33028
Pembroke Pines, FLA

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/17/03

914

CR2E034B (12/02)