

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 03, 2002 8:00 am**  
**Secretary of State**

04-03-2002 90192 013 \*\*\*150.00

**DOCUMENT # P01000008896**

1. Entity Name

**TOTAL GLASS & MIRROR, INC.**

Principal Place of Business

**4964 SW 136 PL  
 MIAI FL 33175**

Mailing Address

**4964 SW 136 PL  
 MIAI FL 33175**

2. Principal Place of Business

**4964 SW 136 PL.**

3. Mailing Address

**4964 SW 136 PL.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**MIAMI, FL.**

City & State

**MIAMI, FL.**

4. FEI Number

**65-1097506**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CACERES, EDUARDO  
 4964 SW 136 PL  
 MIAI FL 33175**

Name

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

**4964 SW 136 PL.**

City

FL

Zip Code **33175**

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]*

**EDUARDO CACERES**

**03/26/2002**

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 \$150.00  
 After May 1, 2002 Fee will be \$550.00  
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTD	<input type="checkbox"/> Delete
NAME	CACERES, EDUARDO	
STREET ADDRESS	4964 SW 136 PL	
CITY-ST-ZIP	MIAI FL 33175	
TITLE	SVD	<input type="checkbox"/> Delete
NAME	CACERES, MARA M	
STREET ADDRESS	4964 SW 136 PL	
CITY-ST-ZIP	MIAI FL 33175	
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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]*

**EDUARDO CACERES**

**03/26/2002 (305) 226-9607**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E034 (9/01)