2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P02000043455

1. Entity Name

BOODAH GLASS, INC.



FILED Apr 04, 2003 8:00 am § Secretary of State

04-04-2003 90118 009 ***150.00

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Principal Place of Business 6066 FOREST HILL BLVD #105 WEST PALM BEACH FL 33415-6236 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country 6. Name and Address of Current Registered Agent MARTA, BARBARA 6066 FOREST HILL BLVD #105 WEST PALM BEACH FL 33415-6236 City 8. The above named easity submits this statement for the purpose of changing its registered office.	Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, etc. City & State City & State Zip Country Zip Country 6. Name and Address of Current Registered Agent Name MARTA, BARBARA 6066 FOREST HILL BLVD #105 WEST PALM BEACH FL 33415-6236 City	CHECK HERE IF MAKING CHANGES 4. FEI Number Applied For Not Applicable 5. Certificate of Status Desired Sa.75 Additional Fee Required 7. Name and Address of New Registered Agent Address (P.O. Box Number is Not Acceptable)
City & State Zip Country Zip Country 6. Name and Address of Current Registered Agent Name MARTA, BARBARA 6066 FOREST HILL BLVD #105 WEST PALM BEACH FL 33415-6236 City	4. FEI Number 43-1957793 Applied For Not Applicable 5. Certificate of Status Desired S8.75 Additional Fee Required 7. Name and Address of New Registered Agent Address (P.O. Box Number is Not Acceptable)
Zip Country Zip Country 6. Name and Address of Current Registered Agent Name MARTA, BARBARA 6066 FOREST HILL BLVD #105 WEST PALM BEACH FL 33415-6236 City	5. Certificate of Status Desired S8.75 Additional Fee Required 7. Name and Address of New Registered Agent Address (P.O. Box Number is Not Acceptable)
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City	——————————————————————————————————————
	FL Zip Code
SIGNATURE Signature typed or brinted name of registered agent and title if applicable. (NOTE: Registered Agent sign 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 \$5.00 May Be Trust Fund Contribution.
	ADDITIONO COM MODE TO OFFICE OF AND DIDECTORS IN ALL
10. OFFICERS AND DIRECTORS 11.	ADDITIONS/Cyla/)GES TO OFFICERS AND DIRECTORS IN 11
TITLE VD Delete TITLE NAME MARTA, BARBARA STREET ADDRESS CITY-ST-ZIP VD Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT REGISTERS HYENT Change Addition & MARTA BARBARA 6066 FOREST HILL BIND#105 W PALL BEACH, FL 33415-6236
TITLE VD TITLE NAME RODRIGUEZ, NELSON STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33415 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition ☐
TITLE PD TITLE NAME RODRIGUEZ, PETE NAME STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33411 TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP THILE NAME STREET ADDRESS CITY-ST-ZIP THILE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stringleated on this report or supplemental report is true and accurate and that my signature shall	_

indicated on this report or supplemental report is true and accurate and intermy signature shall have the same legal effect as it 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, which all other like empowered.

SIGNATURE:

Date

Daytime Phone #