

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

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90974 028 \*\*\*150.00

**DOCUMENT # P02000133119**

1. Entity Name  
**GLASSMAXTOYS, INC.**



Principal Place of Business  
**4104 WINSTON CT  
APT # 103  
KISSIMMEE FL 34741**

Mailing Address  
**4104 WINSTON CT  
APT # 103  
KISSIMMEE FL 34741**



2. Principal Place of Business

**Kissimmee FL**

3. Mailing Address

**Same as above**

Suite, Apt. #, etc.

**Apt 103**

Suite, Apt. #, etc.

City & State

**Kissimmee FL**

City & State

Zip

**34741**

Country

**U.S.A.**

Zip

Country

4. FEI Number

☒ Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**JAIMES, DANIEL SR.  
4104 WINSTON CT  
APT # 103  
KISSIMMEE FL 34741**

7. Name and Address of New Registered Agent

Name **Daniel Jaimes**

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

**4104 Winston Ct Apt. 103**

City **Kissimmee**

**FL**

Zip Code **34741**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**04/29/2003**

**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 **P** ☐ Delete  
NAME **JAIMES, DANIEL SR.**  
STREET ADDRESS **4104 WINSTON CT APT. # 103**  
CITY-ST-ZIP **KISSIMMEE FL 34741**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04/29/2003 (407) 931-0187**

Date

Daytime Phone #

CR2E034 (10/02)