

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2003 8:00 am
Secretary of State

03-28-2003 90082 016 ***158.75

DOCUMENT # P02000134323

1. Entity Name

GLAZER ENTERPRISES, INC.



Principal Place of Business
**545 N.E. NINTH AVENUE
FORT LAUDERDALE FL 33301**

Mailing Address
**545 N.E. NINTH AVENUE
FORT LAUDERDALE FL 33301**

2. Principal Place of Business

800 E Broward Blvd

3. Mailing Address

800 E Broward Blvd

Suite, Apt. #, etc.

606

Suite, Apt. #, etc.

606

City & State

Fort Lauderdale, Florida

City & State

Fort Lauderdale, FL

Zip

33301

Country

USA

Zip

33301

Country

USA

4. FEL Number

F050531703

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ANN
GLAZER, ANA MARIE
545 N.E. NINTH AVENUE
FORT LAUDERDALE FL 33301**

7. Name and Address of New Registered Agent

Name **Glazer, Ann Marie**
Street Address (P.O. Box Number is Not Applicable) **545 NE 9th Avenue**
City **Fort Lauderdale** **FL** Zip Code **33301**

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 **Ann Marie Glazer**

2-14-03

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

(NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP | D GLAZER, ANN MARIE 545 N.E. NINTH AVENUE FORT LAUDERDALE FL 33301 | <input type="checkbox"/> Delete |
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Ann Marie Glazer** **ANN MARIE GLAZER** **2-14-03 (954)523-3920**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)