

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

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90364 017 \*\*\*150.00

DOCUMENT # *PO 3000151723*  
1. Entity Name  
*Cornerstone Glass Block Inc.*



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
*6649 71st, N*  
Suite, Apt. #, etc.

3. Mailing Address  
*6649 71st, N*  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
*Pinellas Park, FL*  
Zip  
*33781*  
Country  
*Pinellas*

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*Pinellas Park, FL*  
Zip  
*33781*  
Country  
*Pinellas*

4. FEI Number  
*20-0490180*  
Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent  
Name  
*Nicholas Mecca*  
Street Address (P.O. Box Number is Not Acceptable)  
*6649 71st, N*  
City  
*Pinellas Park* FL Zip Code  
*33781*

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

January 1 - May 31, Fee of \$100.00  
After May 1, Fee of \$400.00  
Annual UBR is \$61.00  
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	<i>D.P.S.T. NICHOLAS MECCA 6649 71st, N Pinellas Park FL 33781</i>
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**DO NOT WRITE IN THIS SPACE**

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: *Nicholas Mecca*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4-28-04* Date  
*727-244-1392* Domestic Phone #