

**2000 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # P93000055658**

1. Entity Name

**GLO-MACK, INC.**

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

05-02-2000 90093 025 \*\*\*150.00

Principal Place of Business

Mailing Address

**842 NORTHWEST 3RD AVENUE  
 MIAMI FL 33136**

**842 NORTHWEST 3RD AVENUE  
 MIAMI FL 33136-3304**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0432510**

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

**GLOVER, HELEN A  
 10800 NW 18 AVE  
 MIAMI FL 33167**

Name

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

City

**FL**

Zip Code

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

*Helen A Glover*

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, 2000 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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>GLOVER, HELEN A</b>	
STREET ADDRESS	<b>10800 NORTHWEST 18TH AVENUE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33167</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>BLACK, SANDRA</b>	
STREET ADDRESS	<b>7798 NW 10. AVE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33054</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>GLOVER, MERVIN</b>	
STREET ADDRESS	<b>10800 NW 18 AVE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33167</b>	
TITLE	<b>C</b>	<input type="checkbox"/> Delete
NAME	<b>GLOVER, ANTHONY</b>	
STREET ADDRESS	<b>10800 NW 18TH AVE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33167</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 empowerments.

SIGNATURE:

*Helen A Glover*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04. 100

Date

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Daytime Phone #

CR2E034 (9/99)