

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90168 011 ***150.00

0215023 AV

DOCUMENT # P93000055658
 1. Entity Name
GLO-MACK, INC.

Principal Place of Business Mailing Address
842 NORTHWEST 3RD AVENUE **842 NORTHWEST 3RD AVENUE**
MIAMI FL 33136 **MIAMI FL 33136**

2. Principal Place of Business 3. Mailing Address
1026 NW 2ND AVE **10800 NW 18 AVE**
 Suite, Apt. #, etc. Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State City & State
MIAMI FL 33136 **MIAMI FLA**
 Zip Country Zip Country
33136 **DADE** **33167** **DADE**

4. FEI Number Applied For
65-0432510 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
GLOVER, HELEN A
10800 NW 18 AVE
MIAMI FL 33167

7. Name and Address of New Registered Agent
 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 Pres.* DATE: 04.23.2002
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, 2002 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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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)(l), 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 empowered.

SIGNATURE: *Helen A. Glover* DATE: 04.23.2002 DAYTIME PHONE #: 305-915-3117
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)