FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DE PARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

5 / givision of consonations P93000075408 (3)

DOCUMENT # P93000075408 (3)
1. Corporation Name

GLEN'S	TENTS AND	TABLE RENTAL	SERVICES, INC.

Principal Place of Business Mailing Address

9901 NW 80TH AVENUE
BAY 3-T
HIALEAH GARDENS FL 33016

Mailing Address

9901 NW 80TH AVENUE
BAY 3-T
HIALEAH GARDENS FL 33016



TENDERN GRIDERO LE GOOTO		PHALLACT CHADENS FE SOUTO			3. Date incorporated or Qualified 11/01/1993		of Last F 04/17/ 1			
2. Principal Place of Business		2a. Mailing Address	2a. Mailing Address		4. FEI Number			Applied For		
21		26	26			65-0429466			Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt #, etc	herman and the second s			5. Certificate of Status Desired	X]	X \$8.75 Additional Fee Required		
City & State	е	Crty & State				6. Election Campaign Financing		\$5.0	00 May Be	
23		28	,			Trust Fund Contribution			ed to Fees	
Zip	Country	Ziρ	— n	untry	;	8. This corporation has liability fo		ax under s	199.032,	
24	25	29	[30]	т		1	s 🗌 No			
	9. Name and Address of Curre	iii negisierea Agent		81	Name	10. Name and Address of New	negistered	Agent		
DAMA	OOLAN CIEN			["						
	SOOLAM, GLEN			82	Street Add	ress (P.O. Box Number is Not Accepta	bie)			
	NW 80TH AVENUE			83	ļ					
BAY S				53	1					
TIALE	EAH GARDENS FL 33016			84	City		·······	85 Z	'ip Code	
or registe	to the provisions of Sections 607.050 fred agent, or both, in the State of Flor fith, and accept the obligations of, Sec	ida. Such change was authora	zed by the -	ove r	named corpoi ioration's boa	ration submits this statement for the pr and of directors. I hereby accept the ap	urpose of ch pointment as	anging its registere	registered offici diagent. Lam	
SIGNATURE:	Signature: Speed or protect name of registeres; ages	tantis rappedes jiy	Jili Rojdera	i Â _s jes	in signation require	el When Kengfaf (g).	CHATE			
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OF	FICERS AND	DIRECT	ORS IN 12	
TITLE	P	☐ DELETE	1:1	TITL F			[Change	Addition	
NAME	RAMGOOLAM, GLEN		12 N	AME						
STREET ADDRESS				1.3 STREET ADDRESS						
CITY - ST - ZIP	HIALEAH GARDENS FL 33		140	I'v S	ST - ZIP					
TITLE		☐ DELÊTE	2 1 1	HTLE				Change	Addition	
NAME			22 N	IAME						
STREET ADDRESS			238	TREF	FADDRESS					
CITY - ST - ZIP					ST-ZIP					
THILE		☐ DELFT€	3 1 1				ĺ	Change	Addition	
NAME			32 N							
STREET ADDRESS					r Address					
CITY - ST - ZIP		T DC: ETC			\$1 - ZIP				<u> </u>	
TITLE		☐ DELETE	4 1 1				1	Change	Addition	
NAME CYCL : ADODES			42 N							
STREET ADDRESS			1		ADDRESS					
CITY - S1 - ZIP	+	DELETE	5 1 1		ST - ZIP			7 Change	Addition	
NAME		☐ percit	5 1 1 5 2 N				ı	change	Manager Manager	
STHEET ADDRESS					I anoncee					
					SZ 3POCA 1					
CITY - ST - ZIP TITLE	 	DELFTE	54C 6 11		ST - ZIP			Change	Addit on	
NAMÉ		L.J Decent	6 2 N				,		☐ vogirali	
STREET ADDRESS					F ADORESS					
CITY - ST - ZIP					ST-ZIP					
UIIT-31-ZIF	1		■ D4 U	けげてこ	31-ZIP					

14. I do hereby certify that the information supplied with this firing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this armus report or supplemental annual 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 12 or Block 13 of changed, or organ attachment with an 3 diress.

SIGNATURE:

SIGNATURE AND TYPIO OR PRINTED NAME OF SIGNING OFFICER OR ORECTOR

(29-96 305-822-823

CR2E034 (12/95)