

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000075408 1. Entity Name					T Trock Jacob	<u> Į</u> LEU
					AMENDED ANNU	JAL REPORT
GLEN'S TENTS AND TABLE RENTAL SERVICES, INC. Principal Place of Business Mailing Address				·	00 00±	· •
9901 NW	7 80 AVE. BAY 3-T H GARDENS FL 330	Mailing Address 9901 NW 80 AV 16HIALEAH GAR	/E. BAY 3 DENS, FI	3-7 L 33016		9 AM 9:02
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE	
City & State		City & State			4. FEI Number 65-0429466	Applied For Not Applicable
Zip	Country	Zip	Country		5. Certificate of Status Desired	\$8.75 Additional Fee Required
	6. Name and Address of Curren	t Registered Agent			. Name and Address of New Regist	
	-		Nam	e		
	OLAM, GLEN 80TH AVE	,	Stree	et Address (F	P.O. Box Number is Not Acceptable)	
	H GARDENS, FL 33	016	City			FL Zip Code
9. This corpor Tax filing re (See criteri 11. TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME	Signature, typed or printed name of regration is eligible to satisfy its Intangequirement and elects to do so. a on back) OFFICERS AND PRESIDENT RAMGOOLAM, GL. 9901 NW 80TH AVEHIALEAH GARDEN VICE PRESIDENT RAMGOOLAM, CH. 9901 NW 80TH AVEHIALEAH GARDEN HIALEAH GARDEN	After MAY 1, 20 Make Check Payak DIRECTORS Dekete EN E BAY 3-T IS, FL 33016 Delete RIS E BAY 3-T	!!! FEE IS \$15 00 Fee will be	0.00 \$550.00 nent of Sta VIC RAN SEC RAN SEC RAN SEC RAN Sec Sec	10. Election Campaign Financin Trust Fund Contribution. DITIONS/CHANGES TO OFFICERS E PRESIDENT MGOOLAM, DEODAT I NW 80TH AVE BAY LEAH GARDENS, FL CRETARY MDIAL, MICHAEL I NW 80TH AVE BAY LEAH GARDENS, FL LEAH GARDENS, FL LEAH GARDENS, FL LEAH GARDENS, FL	Added to Fees AND DIRECTORS IN 11 Change Addition H 3-T 33016 Change Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i></i>	Delete	TITLE NAME STREET ADDRE CITY - ST - ZIP	ESS	0000034 	0001025004 <u>-25_*****81.25</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		Delete	TITLE NAME STREET ADDRE	ESS		Change Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		Delete	NAME STREET ADDRE	ESS		Change Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		Delete	NAME STREET ADORE CITY - ST - ZIP			Change Addition
information officer or di in Block 11	indicated on this report or supplementor of the corporation or the record or Block 12 if changed for on anya	mental report is true and acci eiver or trustee empowered t ttachment with an address, w	urate and that m to execute this re with all other like	y signature s eport as requ empowered		nade under oath; that I am an and that my name appears
SIGNAT		ED OF PRINTED NAME OF SIG	LEN RAM			05-822-8238 Daytime Phone #