

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000013893

1. Entity Name

PENGUIN COVE STAINED GLASS, INC.

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90027 012 ***150.00

Principal Place of Business 14230 WEST DIXIE HIGHWAY NORTH MIAMI FL 33161	Mailing Address 14230 WEST DIXIE HIGHWAY NORTH MIAMI FL 33161-2533
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0658152	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

WOLF, KATHERINE
14230 WEST DIXIE HIGHWAY
NORTH MIAMI FL 33161

7. Name and Address of New Registered Agent

Name: JEAN P. FISCHER
Street Address (P.O. Box Number is Not Acceptable): 4481 TREASURE COVE DRIVE
City: DANIA BEACH FL Zip Code: 33312

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: JEAN P. FISCHER DATE: 4/20/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: D NAME: FISCHER, JEAN STREET ADDRESS: 2180 NE 197TH TERRACE CITY-ST-ZIP: MIAMI FL 33179	<input type="checkbox"/> Delete	TITLE: P. NAME: JEAN P. FISCHER - P STREET ADDRESS: 4481 TREASURE COVE DRIVE CITY-ST-ZIP: DANIA BEACH, FL 33312	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: FISCHER, ELIN STREET ADDRESS: 2180 NE 197TH TERRACE CITY-ST-ZIP: MIAMI FL 33179	<input type="checkbox"/> Delete	TITLE: V. P NAME: Eli R. Fischer STREET ADDRESS: 4481 treasure Cove Drive CITY-ST-ZIP: DANIA BEACH, FL 33312	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: WOLF, LLOYD STREET ADDRESS: 3801 THOMAS STREET CITY-ST-ZIP: HOLLYWOOD FL 33021	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: WOLF, KATHERINE STREET ADDRESS: 3801 THOMAS STREET CITY-ST-ZIP: HOLLYWOOD FL 33021	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 empowered.

SIGNATURE: JEAN P. FISCHER DATE: 4/21/00 DAYTIME PHONE #: 305-893-9055
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)