

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000013612

1. Entity Name

GLOVAR DEVELOPMENT CORP.

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90099 001 ***158.75

Principal Place of Business

Mailing Address

3000 NW 109TH AVENUE
SUITE 200
MIAMI FL 33172
US

3000 NW 109TH AVENUE
SUITE 200
MIAMI FL 33172-5031
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-064 1330

Applied For

Not Applied For

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

SERRANO, GLORIA V
7875 NORTHWEST 29TH STREET
MIAMI FL 33122

Name GLORIA VARGAS-SERRANO

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

3000 N.W. 109 AVE. STE 200

City MIAMI

FL

Zip Code 33172

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

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 D ☐ Delete
NAME SERRANO, GLORIA V
STREET ADDRESS C/O 7875 NW 29TH STREET
CITY-ST-ZIP MIAMI FL 33122

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VP ☐ Delete
NAME SERRANO, GABRIEL
STREET ADDRESS 3000 NW 109 AVE STE 200
CITY-ST-ZIP MIAMI FL 33172

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
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CITY-ST-ZIP ☐ Change ☐ 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:

GLORIA VARGAS 01-12-00 (301) 591-002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #