

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State
 04-17-2002 90110 009 ***150.00

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DOCUMENT # P96000013612

1. Entity Name
GLOVAR DEVELOPMENT CORP.

Principal Place of Business

3000 NW 109TH AVENUE
SUITE 200
MIAMI FL 33172
US

Mailing Address

3000 NW 109TH AVENUE
SUITE 200
MIAMI FL 33172
US



2. Principal Place of Business

3000 NW 109 AVE
Suite, Apt. #, etc.
200
City & State
Miami, FL

3. Mailing Address

3000 NW 109 AVE
Suite, Apt. #, etc.
200
City & State
Miami, FL

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0641330

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VAZGAS-SERRANO, GLORIA

3000 NW 109 AVE
STE 200
MIAMI FL 33172

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

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	PD	<input type="checkbox"/> Delete
NAME	SERRANO, GLORIA V	
STREET ADDRESS	C/O 7875 NW 29TH STREET	
CITY-ST-ZIP	MIAMI FL 33122	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	SERRANO, GABRIEL	
STREET ADDRESS	3000 NW 109 AVE STE 200	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	HABER, ROBERT M	
STREET ADDRESS	520 BRICKELL KEY DRIVE, STE. 0-305	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	Gloria Vargas	<input checked="" 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		
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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)