

FILED  
May 19, 2003 8:00 am  
Secretary of State

05-19-2003 90226 020 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

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  
**10705 NW 33RD STREET**  
Suite, Apt. #, etc.  
**SUITE #100**

3. Mailing Address  
**10705 NW 33RD STREET**  
Suite, Apt. #, etc.  
**SUITE #100**

City & State  
**MIAMI, FL**

City & State  
**MIAMI, FL**

4. FEI Number  
**65-0641330**

Applied For  
☐ Not Applicable

Zip  
**33172**

Country  
**U.S.A.**

Zip  
**33172**

Country  
**U.S.A.**

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**VAZGAS-SERRANO, GLORIA**  
**3000 NW 109 AVE**  
**STE 200**  
**MIAMI, FL 33172**

Name

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

**10705 NW 33 STREET, SUITE #100**

City  
**MIAMI, FL**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Gloria Vazgas*

(NOTE: Registered Agent Signature required when reinstating)

**04-30-03**

DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
VARGAS, GLORIA  
C/O 7875 NW 29TH STREET  
MIAMI, FL 33122 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Gloria Vazgas*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/03

Date

305-282-9529

Daytime Phone #

CR2E034 (10/02)