

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

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 90883 048 ***150.00

663253

DOCUMENT # P96000025267
1. Entity Name
DIANE GLACER, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2651 PALM AIRE DR. S.
Suite, Apt. #, etc.
#206
City & State
POMPANO BEACH, FL
Zip
33069
Country
USA

3. Mailing Address
2651 PALM AIRE DR. S.
Suite, Apt. #, etc.
#206
City & State
POMPANO BEACH, FL
Zip
33069
Country
USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0656164
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent
Name
LARRY K-HOOPER
Street Address (P.O. Box Number is Not Acceptable)
950 N KROME AVE. #106
City
HOMESTEAD, FL Zip
33030

**DO NOT WRITE
IN THIS SPACE**

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 _____
(NOTE: Registered Agent signature required when re-instating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐
(See criteria on back)

January 1 - May 1. Fee is \$150.00
After May 1. Fee is \$550.00
Amended UBR is \$61.25
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	NAME	STREET ADDRESS	CITY - ST - ZIP
PST	GLACER, DIANE T.	2651 PALM AIRE DR. S.	POMPANO BEACH, FL. 33069
V	GLACER, BERNARD	2651 PALM AIRE DR. S.	POMPANO BEACH, FL. 33069

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3. 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Diane T. Glaser
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/02 954-977-5009
Date Daytime Phone

CR2E034B (12/01)