2001 UNIFORM BUSINESS REPORT (UBR)

Mar 12, 2001 8:00 am DOCUMENT # P9600054775 **Secretary of State** 1. Entity Name GLASSPIM INTERNATIONAL, INC. 03-12-2001 90395 001 ***150.00 03-12-2001 90395 002 *****8.75 Principal Place of Business Mailing Address 10640 NW_278T 10640 NW 278T STE 103 STE 1031 MIAMI FL 33172 ,MIAŃI FL 33172 Principal Place of Business 3. Mailing Address 3900 Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-0678198 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Sode Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent **BONASSI, OSVALDO** Street Address (P.O. Box Number is Not Acceptable) 10640 NW 27 ST SUITE 103 **MIAMI FL 33172** City 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible **\$5.00** May Be 10. Election Campaign Financing Tax filing requirement and elects to do so, After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. CR2E034 (10/00) TITLE ☐ Delete TITLE ☐ Addition BONASSI, OSVALDO NAME NAME 10730 NW 66 ST #301 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33178** TITLE Delete TITLE Change ☐ Addition GUARDIA, SUSIE A NAME NAME STREET ADDRESS 10730 NW 66 ST #301 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE **MIAM! FL 33178** TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Addition TITLE Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP

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 OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Febar/01 30

305-462-7280

Daytime Phone #