

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2002 8:00 am
Secretary of State

02-27-2002 90255 001 ***150.00
 02-27-2002 90255 002 *****8.75

DOCUMENT # P96000054775

1. Entity Name
GLASSPIM INTERNATIONAL, INC.

Principal Place of Business 3900 NW 79 AVE 476 MIAMI FL 33166	Mailing Address 3900 NW 79 AVE 476 MIAMI FL 33166
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 11342 NW 69 St.	3. Mailing Address 11342 NW 69 ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Miami FL	City & State Miami FL
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4. FEI Number 65-0678198	Applied For <input type="checkbox"/> Not Applicable
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Zip 33178	Country DADE	Zip 33178	Country DADE
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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

BONASSI, OSVALDO
10640 NW 27 ST
SUITE 103
MIAMI FL 33172

Name BONASSI OSVALDO
Street Address (P.O. Box Number is Not Acceptable) 11342 NW 69 ST.
City MIAMI
State FL
Zip Code 33178

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 *Osvaldo Bonassi* **OSVALDO BONASSI - PRESIDENT** 02/04/02
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.

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BONASSI, OSVALDO 10730 NW 66 ST #301 MIAMI FL 33178	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUARDIA, SUSIE A 10730 NW 66 ST #301 MIAMI FL 33178	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BONASSI, OSVALDO 11342 NW 69 ST. MIAMI FL 33178	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BONASSI GUARDIA SUSIE A. 11342 NW 69 ST. MIAMI FL 33178	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Susie Guardia Bonassi* **SUSIE GUARDIA BONASSI (VICE-PRESIDENT)** 2/04/02 305-463-7285
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)