

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 11, 2001 8:00 am
Secretary of State

05-11-2001 90309 012 ***150.00

DOCUMENT # **P960000071297**

1. Entity Name

GlamA 4134 Holdings Inc.

Principal Place of Business

Mailing Address

**14035 SW 103 TERRACE
MIAMI FL 33186**

**14035 SW 103 TERRACE
MIAMI FL 33186**

2. Principal Place of Business

3. Mailing Address

16711 Collins Ave

12605 SW 93rd PL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Apt 2304

City & State

City & State

Sunny Isles Beach, FL

Miami FL

Zip

Country

Zip

Country

33160

33176

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GONZALEZ-SILVA, MARIA L
14035 SW 103 TERRACE
MIAMI FL 33186**

Name **ARAZOZA & Fernandez-Fraga PA**

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

2100 SAIZEDO Street

Suite 300

City **Coral Gables**

FL

Zip Code

33134

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)

04/23/01

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, 2001 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	D	<input type="checkbox"/> Delete
NAME	GONZALEZ-SILVA, MARIA L	
STREET ADDRESS	14035 SW 103 TERRACE	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	12605 SW 93rd PL	
CITY-ST-ZIP	MIAMI, FL 33176	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

04/23/01 305-971-2915

Date

Daytime Phone #

CR2E034 (10/00)