

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

FILED
Mar 11, 2002 8:00 am
Secretary of State

03-11-2002 90071 042 ***150.00

DOCUMENT # P960000 94654

1. Entity Name

Glover, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

P.O. Box 85005

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 85005

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Hallandale Beach, FL

City & State

Hallandale Beach, FL

4. FEI Number

65-0747419

Applied For

Not Applicable

Zip

33008

Country

USA

Zip

33008

Country

USA

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Ivanovsky Magdelene

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

437 Golden Isles Drive

City

Hallandale

FL

Zip Code

33009

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

M. Ivanovsky

02-16-02

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. (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

P. Valkov, Vladimir

STREET ADDRESS

P.O. Box 85005

CITY-ST-ZIP

Hallandale, FL 33008

TITLE
NAME

P. VALKOV, VLADIMIR

STREET ADDRESS

P.O. Box 85005

CITY-ST-ZIP

HALLANDALE, FL 33008

TITLE
NAME

STREET ADDRESS

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

SIGNATURE:

M. Ivanovsky

Date

Daytime Phone #

CR2E034B (12/01)