

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

FILED
May 17, 2002 8:00 am
Secretary of State

05-17-2002 90032 045 ***150.00

DOCUMENT # **P97000029609 ✓**

1. Entity Name

Palm Glass & Mirror Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7535 Garden Rd

Suite, Apt. #, etc.

Ste 28

City & State

Riviera Beach FL

Zip

33404

Country

3. Mailing Address

7535 Garden Rd

Suite, Apt. #, etc.

Ste 28

City & State

Riviera Beach FL

Zip

#33404

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0738919

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Beninda Michael

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

5550 Lake Shore Village Circle

City

Lake Worth

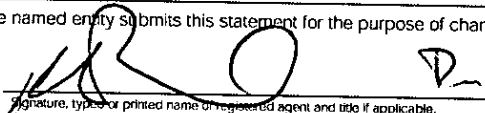
FL

Zip Code

33463

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)

4/28/02

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
STREET ADDRESS
CITY - ST - ZIP
**PS
Michael Beninda
5550 Lake Shore Village Circle
Lake Worth FL 33436**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**UPT
Sicbarrasi Philip
1770 113th Terrace
Jupiter FL 33478**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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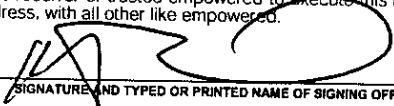
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**DO NOT WRITE
IN THIS SPACE**

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:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/02 (31) 84-771

Date

Daytime Phone #

CR2E034B (12/01)