

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000033864

1. Entity Name

HOUR GLASS PRODUCTIONS, INC.

FILED

Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90271 015 ***150.00

Principal Place of Business

7300 N KENDALL DRIVE
SUITE 505
MIAMI FL 33156-7840

Mailing Address

7300 N KENDALL DRIVE
SUITE 505
MIAMI FL 33156-7840

2. Principal Place of Business

7700 N. KENDALL DR.

3. Mailing Address

10641 S.W. 96 ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

606

City & State

Miami, FL

City & State

Miami, FL

Zip

33156

Country

DADE

Zip

33176

Country

DADE

4. FEI Number

65-0778123

Applied For

Not Applicable

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

GLASS, MARIA P
7300 N KENDALL DRIVE
SUITE 505
MIAMI FL 33156-7840

Name

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

City

FL

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEES \$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 NAME STREET ADDRESS CITY-ST-ZIP	D GLASS, MARIA P 7300 N KENDALL DR, STE 505 MIAMI FL 33156-7840	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GLASS, WALTER W JR 7300 N KENDALL DR, STE 505 MIAMI FL 33156-7840	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Walter W. Glass Jr 3/19/01 355-598-1112

CR2E034 (10/00)