

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000036805

1. Entity Name

GLASSMAN CORPORATION

**FILED**  
**Apr 10, 2000 8:00 am**  
**Secretary of State**

04-10-2000 90088 016 \*\*\*150.00

Principal Place of Business

Mailing Address

~~16117 N.W. 15TH STREET~~  
~~PEMBROKE PINES FL 33028~~

~~16117 N.W. 15TH STREET~~  
~~PEMBROKE PINES FL 33028-1222~~

2. Principal Place of Business

3. Mailing Address

9815 Pines Boulevard

9815 Pines Boulevard

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pembroke Pines

City & State

Pembroke Pines

4. FEI Number

65-0762278

Applied For

Not Applicable

Zip

33024

Country

USA

Zip

33024

Country

USA

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

CORPCO, INC.  
2699 SOUTH BAYSHORE DR., 7TH FL  
MIAMI FL 33133

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!!! FEE IS \$150.00**  
**After MAY 1, 2000 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 ☐ Delete  
NAME D  
STREET ADDRESS GLASSMAN, LARRY D  
CITY-ST-ZIP ~~16117 N.W. 15TH STREET~~  
~~PEMBROKE PINES FL 33028~~

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 9815 Pines Boulevard  
CITY-ST-ZIP Pembroke Pines, FL 33024

TITLE ☐ Delete  
NAME D  
STREET ADDRESS GLASSMAN, STEVEN M  
CITY-ST-ZIP ~~16117 N.W. 15TH STREET~~  
~~PEMBROKE PINES FL 33028~~

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 9815 Pines Boulevard  
CITY-ST-ZIP Pembroke Pines, FL 33024

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

LARRY GLASSMAN

PRES.

4-4-00

Date

954-435-8008

Daytime Phone #