

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000036805

1. Entity Name

GLASSMAN CORPORATION

Principal Place of Business

~~9815 PINES BLVD~~  
~~PEMBROKE PINES FL 33024~~

Mailing Address

~~9815 PINES BLVD~~  
~~PEMBROKE PINES FL 33024~~

2. Principal Place of Business

1000 South Federal Highway

Suite, Apt. #, etc.

3. Mailing Address

1000 South Federal Highway

Suite, Apt. #, etc.

City & State

Boynton Beach, FL

City & State

Boynton Beach, FL

Zip

Country

33435

USA

Zip

Country

33435

USA

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, 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  
NAME GLASSMAN, LARRY D  
STREET ADDRESS 9815 PINES BLVD  
CITY-ST-ZIP PEMBROKE PINES FL 33024

☐ Delete

TITLE  
NAME  
STREET ADDRESS 1000 South Federal Highway  
CITY-ST-ZIP Boynton Beach, FL 33435

☒ Change ☐ Addition

TITLE D  
NAME GLASSMAN, STEVEN M  
STREET ADDRESS 9815 PINES BLVD  
CITY-ST-ZIP PEMBROKE PINES FL 33024

☐ Delete

TITLE  
NAME  
STREET ADDRESS 1000 South Federal Highway  
CITY-ST-ZIP Boynton Beach, FL 33435

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
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☐ Change ☐ Addition

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☐ Delete

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☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ 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:

LARRY D. GLASSMAN, President

2-12-01

954-435-8208

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Feb 15, 2001 8:00 am  
Secretary of State

02-15-2001 90089 048 \*\*\*150.00

717403



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0762278

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

CR2E034 (10/00)