

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000074462

1. Entity Name
A & B GLASS AND WINDOW, INC.

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90193 050 ***150.00

Principal Place of Business

3600 S STATE ROAD 7
#317
MIRAMAR FL 33023

Mailing Address

5009 SW 95 AVE
COOPER CITY FL 33328-4119

2. Principal Place of Business

3600 S. ST. RD. 7
Suite, Apt. #, etc.
317
City & State
MIRAMAR FLA
Zip
33023
Country
USA

3. Mailing Address

3600 S. ST. RD. 7
Suite, Apt. #, etc.
317
City & State
MIRAMAR FLA
Zip
33023
Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0778120

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ZEA, JOSE M
3600 S STATE ROAD 7
#317
MIRAMAR FL 33023

7. Name and Address of New Registered Agent

Name
Jose M. Zea
Street Address (P.O. Box Number is Not Acceptable)
3600 S. ST. RD. 7 #317
City
MIRAMAR FL Zip Code
33023

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 Jose M. Zea DATE 2/28/00
Signature, typed or printed name of registered agent or director (NOTE: Registered Agent signature required when reinstating)

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

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD BOWDER, JAMES 5009 SW 95TH AVENUE COOPER CITY FL 33328 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD BOWDER, James 5009 SW 95 Ave CITY FL 33328 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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"/> 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: Jose M. Zea DATE 2-28/00 DAYTIME PHONE # 954-8800506
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)