

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 18, 2002 8:00 am**  
**Secretary of State**

07-18-2002 90125 047 \*\*\*150.00

**DOCUMENT # P97000097883**

1. Entity Name

**FRAMELESS SHOWER DOORS & ENCLOSURES, INC.**

Principal Place of Business

11550 WILES ROAD, SUITE 2  
 CORAL SPRINGS FL 33076  
 US

Mailing Address

11550 WILES ROAD, SUITE 2  
 CORAL SPRINGS FL 33076  
 US

2. Principal Place of Business

11550 Wiles Rd  
 #2

3. Mailing Address

11550 Wiles Rd  
 #2

City & State

Coral Springs, FL Coral Springs, FL

County

33076 33076

Zip

33076

Country

USA

4. FEI Number

13-3978153

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

SERINO, JOHN  
 4102 N.W. 73RD WAY  
 CORAL SPRINGS FL 33065.

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

JOHN SERINO

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7/15/02

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 \$550.00**

**After September 13, 2002 Fee will be \$750.00**  
**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          | P                      | <input type="checkbox"/> Delete |
| NAME           | SERINO, JOHN           |                                 |
| STREET ADDRESS | 4102 N.W. 73RD WAY     |                                 |
| CITY-ST-ZIP    | CORAL SPRINGS FL 33065 |                                 |
| TITLE          |                        | <input type="checkbox"/> Delete |
| NAME           |                        |                                 |
| STREET ADDRESS |                        |                                 |
| CITY-ST-ZIP    |                        |                                 |
| TITLE          |                        | <input type="checkbox"/> Delete |
| NAME           |                        |                                 |
| STREET ADDRESS |                        |                                 |
| CITY-ST-ZIP    |                        |                                 |
| TITLE          |                        | <input type="checkbox"/> Delete |
| NAME           |                        |                                 |
| STREET ADDRESS |                        |                                 |
| CITY-ST-ZIP    |                        |                                 |
| TITLE          |                        | <input type="checkbox"/> Delete |
| NAME           |                        |                                 |
| STREET ADDRESS |                        |                                 |
| CITY-ST-ZIP    |                        |                                 |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |  |                                                                   |
|----------------|--|-------------------------------------------------------------------|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| CITY-ST-ZIP    |  |                                                                   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| CITY-ST-ZIP    |  |                                                                   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| CITY-ST-ZIP    |  |                                                                   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| CITY-ST-ZIP    |  |                                                                   |

CR2E034 (4/02)

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 #

7/15/02

# FAX COVER SHEET

GLASS & MIRROR, INC.  
11550 WILES ROAD, SUITE 2  
CORAL SPRINGS, FL. 33076  
(954)755-0227  
FAX (954)755-0648

Attachment  
#P97000097803  
121903

Frederick  
Shue Dues

|                                     |                          |
|-------------------------------------|--------------------------|
| Send to: <u>Fl. Dept. of State</u>  | FR: <u>JOHN V SERINO</u> |
| Attention: <u>DIVISION OF CORP.</u> | DATE <u>7-15-02</u>      |
| Office location:                    | Office location:         |
| Fax number:                         | Phone number:            |
| Re: <u>FEI # 13-3978153</u>         |                          |

☒ Urgent ☐ Reply ASAP ☐ Please comment ☐ Please review ☐ For your information

Total pages, including cover:

Comments:

To whom it may concern:

Please be aware our address has not changed and we never received the 1st Request in April.

Any questions please call - 954-755-0222  
ask to speak with Joyce -