

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 16, 2002 8:00 am**  
**Secretary of State**

05-16-2002 90091 043 \*\*\*150.00

DOCUMENT # **PA8000018182**

1. Entity Name

**Reliable Glass, Inc**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**3520 Consumer ST.**

3. Mailing Address

**3520 Consumer ST**

Suite, Apt. #, etc.

**#4**

Suite, Apt. #, etc.

**#4**

City & State

**Riviera Beach FL**

City & State

**Riviera Beach FL**

Zip

**33404**

Country

**Palm Beach**

Zip

**33404**

Country

**Palm Beach**

4. FEI Number

**65-0818637**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

7. Name and Address of Current Registered Agent

Name

**Stanley G. Chitoff**

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

**15220 Cedar Bluff PL**

City

**Wellington**

**FL**

Zip Code

**33414**

**DO NOT WRITE  
IN THIS SPACE**

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 **STANLEY G. CHITOFF**

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

(NOTE: Registered Agent signature required when reinstating)

**4/29/2002**

DATE

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

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**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	<b>PRESIDENT</b>
NAME	<b>Barbara Dudash</b>
STREET ADDRESS	<b>937 AUGUSTA POINTE DR.</b>
CITY-ST-ZIP	<b>Palm Beach Gardens, FL 33418</b>
TITLE	<b>SECRETARY-TREASURER</b>
NAME	<b>ROBERTA A. CHITOFF</b>
STREET ADDRESS	<b>15220 CEDAR BLUFF PL.</b>
CITY-ST-ZIP	<b>Wellington FL 33414</b>
TITLE	<b>DIRECTOR</b>
NAME	<b>STANLEY G. CHITOFF</b>
STREET ADDRESS	<b>15220 CEDAR BLUFF PL.</b>
CITY-ST-ZIP	<b>Wellington FL 33414</b>
TITLE	<b>DIRECTOR</b>
NAME	<b>DENNIS DUDASH</b>
STREET ADDRESS	<b>937 AUGUSTA POINTE DR.</b>
CITY-ST-ZIP	<b>Palm Beach Gardens FL 33418</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Barbara Dudash** **Barbara Dudash** **4/29/2002** **1-561-8635363**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #