

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 27, 2000 8:00 am**  
**Secretary of State**

04-27-2000 90017 026 \*\*\*150.00

DOCUMENT # P98000072147

1. Entity Name  
**FOUR GLASSES, INC.**

Principal Place of Business <b>BRICKELL AVENUE SUITE 830 FL 33131</b>	Mailing Address <b>848 BRICKELL AVENUE SUITE 830 MIAMI FL 33131-2976</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State

4. FEI Number **65-0857189**  
 Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**MARTIN, MIGUEL A  
 848 BRICKELL AVENUE  
 SUITE 830  
 MIAMI FL 33131**

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>D</b>	<input type="checkbox"/> Delete <b>FREUNDT, JUDITH 848 BRICKELL AVENUE STE 830 MIAMI FL 33131</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS ST-ZIP		NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> Delete <b>ALONSO, JULIAN C 848 BRICKELL AVENUE STE. 830 MIAMI FL 33131</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS ST-ZIP		NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> Delete <b>MURUNIAK, DIEGO L 848 BRICKELL AVENUE STE. 830 MIAMI FL 33131</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS ST-ZIP		NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> Delete <b>NESTOR, JORGE JULIO C 848 BRICKELL AVENUE STE. 830 MIAMI FL 33131</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS ST-ZIP		NAME STREET ADDRESS CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS ST-ZIP		NAME STREET ADDRESS CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS ST-ZIP		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 an other like empowered.

SIGNATURE: *[Signature]* **REQUIRED 4/20/00** **305 374-4422**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/99)