

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90057 017 ***150.00

DOCUMENT # P98000077611

1. Entity Name
KIELY GLASS AND MIRROR, INC.

Principal Place of Business 4011 MERIDIAN AVE. APT. 46 MIAMI BEACH FL 33140	Mailing Address 4011 MERIDIAN AVE. APT. 46 MIAMI BEACH FL 33015-4715
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 6371 NW 190 TERACE Suite, Apt. #, etc. MIAMI BEACH, FL 33015	3. Mailing Address 6371 NW 190 th TER Suite, Apt. #, etc. MIAMI BEACH FL 33015
City & State	City & State

4. FEI Number 65-0881105	Applied For <input type="checkbox"/> Not Applicable
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Zip 33015	Country USA	Zip 33015	Country USA
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
KIELY, PATRICK
 4011 MERIDIAN AVE. APT. 46
 MIAMI BEACH FL 33140

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 6371 NW 190th TERACE
 City MIAMI BEACH FL Zip Code 33015

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: *Patrick Kiely* Patrick Kiely 4/30/00
(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

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	<input type="checkbox"/> Delete D KIELY, PATRICK 4011 MERIDIAN AVE. APT. 46 MIAMI BEACH FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6371 NW 190 th TERACE MIAMI BEACH FL 33015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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: *Patrick Kiely* (REQUIRED)
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: 4/30/00 Daytime Phone #: 305-6226461

CR2E034 (9/99)