

# 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**

2. Principal Place of Business  
**6371 NW 190 Terrace**  
 Suite, Apt. #, etc.  
**MIAMI BEACH, FL 33015**  
 City & State

3. Mailing Address  
**6371 NW 190<sup>th</sup> Ter**  
 Suite, Apt. #, etc.  
**MIAMI BEACH FL 33015**  
 City & State



DO NOT WRITE IN THIS SPACE

Zip **33015** Country **USA**

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4. FEI Number **65-0881105**  
 Applied For ☐ Not Applicable ☐

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**KIELY, PATRICK**  
**4011 MERIDIAN AVE. APT. 46**  
**MIAMI BEACH FL 33140**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**6371 NW 190<sup>th</sup> Terrace**  
 City **MIAMI BEACH** State **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*  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KIELY, PATRICK</b> <b>4011 MERIDIAN AVE. APT. 46</b> <b>MIAMI BEACH FL 33140</b>	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>6371 NW 190<sup>th</sup> Terrace</b> <b>MIAMI BEACH FL 33015</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/30/00* *305-6226461*  
 Date Daytime Phone #

CR2E034 (9/99)