

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000091080

1. Entity Name
GLORY'S ART CANDLES, INC.

FILED
Sep 15, 2000 8:00 am
Secretary of State

09-15-2000 90013 016 ***550.00

Principal Place of Business

15573 SW 112 DRIVE
MIAMI FL 33196

Mailing Address

15573 SW 112 DRIVE
MIAMI FL 33196

A0078336



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

14321 SW 97 AVENUE

3. Mailing Address

14321 SW 97 AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MIAMI, FLORIDA

City & State
MIAMI, FLORIDA

4. FEI Number 65-0883745

Applied For
Not Applicable

Zip Country
33176 U.S.

Zip Country
33176 U.S.

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

6. Name and Address of Current Registered Agent

URREGO, GLORIA L
11573 SW 112 DRIVE
MIAMI FL 33196

7. Name and Address of New Registered Agent

Name X GLORIA L. URREGO
Street Address (P.O. Box Number is Not Acceptable)
14321 SW 97 AVENUE
City MIAMI FL Zip Code 33176

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

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 \$550.00
After SEPTEMBER 13, 2000 Min. 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	PTD	<input type="checkbox"/> Delete
NAME	URREGO, LUIS A	
STREET ADDRESS	15573 SW 112 DRIVE	
CITY-ST-ZIP	MIAMI FL 33196	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	URREGO, GLORIA L	
STREET ADDRESS	11573 SW 112 DRIVE	
CITY-ST-ZIP	MIAMI FL 33196	
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	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORREA LUIS A	
STREET ADDRESS	14321 SW 97 AVENUE	
CITY-ST-ZIP	MIAMI, FL 33176	
TITLE	VSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	URREGO GLORIA L.	
STREET ADDRESS	14321 SW 97 AVENUE	
CITY-ST-ZIP	MIAMI, FL 33176	
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		

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:

Gloria L. Urrego REQUIRED

9-10-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)