

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000091080**

1. Entity Name

GLORY'S ART CANDLES, INC.**FILED**
Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90079 016 ***150.00

Principal Place of Business

Mailing Address

**14321 SW 97TH AVENUE
MIAMI FL 33176****14321 SW 97TH AVENUE
MIAMI FL 33176**

0 0 1 1 0 0



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0883745**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**URREGO, GLORIA L
14321 SW 97 AVENUE
MIAMI FL 33176**

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

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, 2001 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	<input type="checkbox"/> Delete
	PTD			
	URREGO, LUIS A			
	15573 SW 112 DRIVE			
	MIAMI FL 33196			
	VSD			
	URREGO, GLORIA L			
	11573 SW 112 DRIVE			
	MIAMI FL 33196			

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		14321 SW 97 Ave		
		Miami, FL 33176		
		14321 SW 97 Ave		
		Miami, FL 33176		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gloria L. Urrego
VP/S

Date

2/9/2001 305-278-7785

Daytime Phone #

CR2E034 (10/00)