

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000102664

1. Entity Name

ADVANCED MIRROR AND GLASS, INC.

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90068 036 ***150.00

Principal Place of Business

4560 NE SECOND TERRACE
FT. LAUDERDALE FL 33334

Mailing Address

4560 NE SECOND TERRACE
FT. LAUDERDALE FL 33334-6026

2. Principal Place of Business

1411 SW 12 AVE. ~~33334~~

3. Mailing Address

4560 NE 2 TERRACE

Suite, Apt. #, etc.

N/A

City & State

FT. LAUDERDALE FL

Zip

33334

Country

USA

4. FEI Number

650951918

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

UCC FILING & SEARCH SERVICES, INC.
526 EAST PARK AVE.
STE. 200
TALLAHASSEE FL 32302

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

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

TITLE ☐ Delete
NAME PTD
STREET ADDRESS FARROW, EDWARD S
CITY-ST-ZIP 4560 NE SECOND TERRACE
FT. LAUDERDALE FL 33334

TITLE ☐ Delete
NAME VSD
STREET ADDRESS ZANARIS, ELLENA M
CITY-ST-ZIP 4560 NE SECOND TERRACE
FT. LAUDERDALE FL 33334

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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:

Edward S Farrow
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-18-2000

(954)296-4239
Daytime Phone #

CR2E034 (9/99)