

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 02, 2001 8:00 am
Secretary of State

03-02-2001 90115 007 ***158.75

DOCUMENT # P99000001048

1. Entity Name
GLASS BY DESIGN, INC.

Principal Place of Business
**4200 S. UNIVERSITY DR.
DAVIE FL 33328**

Mailing Address
**4200 S. UNIVERSITY DR.
DAVIE FL 33328**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0884757**

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

**MARTINEZ, EVELYN
16127 OPAL CREEK DR.
WESTON FL 33331**

Name

Street Address (P.O. Box Number is Not Acceptable)

2860 NW 80th Ave

City

SUNRISE

FL

Zip Code

33322

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

Evelyn Martinez

Evelyn Martinez

2-28-01

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 **P** ☐ Delete
NAME **MARTINEZ, ROBERT**
STREET ADDRESS **16127 OPAL CREEK DR**
CITY-ST-ZIP **WESTON FL 33331**

TITLE ☒ Change ☐ Addition
NAME **2860 NW 80th Ave**
STREET ADDRESS **SUNRISE, FL 33322**
CITY-ST-ZIP

TITLE **ST** ☐ Delete
NAME **MARTINEZ, EVELYN**
STREET ADDRESS **16127 OPAL CREEK DR**
CITY-ST-ZIP **WESTON FL 33331**

TITLE ☒ Change ☐ Addition
NAME **2860 NW 80th Ave**
STREET ADDRESS **SUNRISE, FL 33322**
CITY-ST-ZIP

TITLE ☐ Delete
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Robert Martinez **2/28/01** **954-123-4433**

CR2E034 (10/00)