

2000 UNIFORM BUSINESS REPORT (UBR)

4

DOCUMENT # P99000027608

1. Entity Name

INTERNATIONAL GALLERY OF GLASS, INC.

Principal Place of Business

Mailing Address

1461 SW 30TH AVE. #10
POMPANO FL 33069

1461 SW 30TH AVE. #10
POMPANO FL 33069-1126

2. Principal Place of Business

3. Mailing Address

1461 SW 30 Ave. #10

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

POMPANO, FLORIDA

City & State

Zip 33069

Country U.S.A.

Zip

Country

4. FEI Number

650929442

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

WLODY, MAXINE J
1461 SW 30TH AVE, #10
POMPANO FL 33069

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME MAXINE J. WLODY
PRESIDENT
STREET ADDRESS 1461 S.W. 30th Ave. #10
CITY-ST-ZIP POMPANO, FL. 33069

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/02

954-917-8608



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)