

2000 UNIFORM BUSINESS REPORT (UBR)

5/1

DOCUMENT # P991000044536

1. Entity Name

GLORIA ZAPATA STAINED GLASS INC

Principal Place of Business

Mailing Address

584 NW 27 Street
Miami, FL 33127
U.S.A.

2. Principal Place of Business

4142 SW 74 Ct

Suite, Apt. #, etc.

3. Mailing Address

4142 SW 74 Ct

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33155

Country

City & State

Miami, Florida

Zip

33155

Country

4. FEI Number

05-0927864

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SOCORRO SCOTT
584 N.W. 27 Street
Miami, FL 33127 U.S.A.

7. Name and Address of New Registered Agent

Name GLORIA ZAPATA
Street Address (P.O. Box Number is Not Acceptable) 9561 Fontainebleau Blvd, apto 210
City Miami FL Zip Code 33172

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 GLORIA ZAPATA

Signature, typed or printed name of registered agent and title if applicable.

Gloria Zapata

(NOTE: Registered Agent signature required when reinstating)

June 26/00

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	<u>PD</u>	☐ Delete
NAME	<u>GUSTAVO ECHEVERRY</u>	
STREET ADDRESS	<u>584 NW 27 STREET</u>	
CITY-ST-ZIP	<u>MIAMI, FL 33127 U.S.A.</u>	
TITLE	<u>SD</u>	☐ Delete
NAME	<u>GLORIA ZAPATA</u>	
STREET ADDRESS	<u>584 NW 27 STREET</u>	
CITY-ST-ZIP	<u>MIAMI, FL 33127 U.S.A.</u>	
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	<u>PD</u>	☐ Change ☐ Addition
NAME	<u>GUSTAVO ECHEVERRY</u>	
STREET ADDRESS	<u>9561 FONTAINEBLEAU BLVD, APTD 210</u>	
CITY-ST-ZIP	<u>MIAMI, FL 33172</u>	
TITLE	<u>SD</u>	☐ Change ☐ Addition
NAME	<u>GLORIA ZAPATA</u>	
STREET ADDRESS	<u>9561 FONTAINEBLEAU BLVD, APTD 210</u>	
CITY-ST-ZIP	<u>MIAMI, FL 33172</u>	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ 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 Zapata

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June 26/00

Date

Daytime Phone #

CR2E034 (9/99)

FILED
Jun 19, 2000 8:00 am
Secretary of State

05-17-2000 90961 003 ***150.00

DO NOT WRITE IN THIS SPACE