

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 18, 2002 8:00 am**  
**Secretary of State**

07-18-2002 90125 034 \*\*\*150.00

**DOCUMENT # P99000050878**

1. Entity Name  
**GLASS & MIRROR INC.**

Principal Place of Business

11550 WILES RD.  
 CORAL SPRINGS FL 33076

Mailing Address

11550 WILES RD.  
 CORAL SPRINGS FL 33076

2. Principal Place of Business

11550 Wiles Rd

3. Mailing Address

11550 Wiles Rd

Suite, Apt. #, etc.

#2

City & State

Coral Springs Fl

Zip

33076

Country

USA

Suite, Apt. #, etc.

#2

City & State

Coral Springs Fl

Zip

33076

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0921956

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

SERINO, JOHN V  
 4102 N W 73RD WAY  
 CORAL SPRINGS FL 33065

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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 P  
 STREET ADDRESS SEAINO, JOHN  
 CITY-ST-ZIP 4002 NW 73RD WAY  
 POMPANO BEACH FL 33065

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

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  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)

# FAX COVER SHEET

*Attachment*  
#799000050878  
12/9/06

GLASS & MIRROR, INC.  
11550 WILES ROAD, SUITE 2  
CORAL SPRINGS, FL. 33076  
(954)755-0227  
FAX (954)755-0648

Send to: <i>FL Dept of State</i>	FR: <i>John Sereno</i>
Attention: <i>Division of Corp</i>	DATE: <i>7-15-02</i>
Office location:	Office location:
Fax number:	Phone number:
<i>FLB-RI# 05-0921950</i>	

☒ Urgent ☐ Reply ASAP ☐ Please comment ☐ Please review ☐ For your information

Total pages, including cover:

Comments:

*TO whom it may concern:*  
*Please be aware that we never received*  
*the original form in April and we*  
*have never mailed. Therefore we could*  
*not file by June 7, 02 -*