


**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 07, 2003 8:00 am**  
**Secretary of State**

02-07-2003 90065 042 \*\*\*150.00

**DOCUMENT # P99000065899**

1. Entity Name  
**MICHAEL GLASS INC.**



Principal Place of Business  
**1645 W 40 ST  
HIALEAH GARDENS FL 33016**

Mailing Address  
**1314 W 77 ST  
HIALEAH FL 33014**



2. Principal Place of Business  
**1314 W. 77 ST.**

3. Mailing Address  
**1314 W. 77 ST.**

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**Hialeah-Gardens, FL**

City & State  
**Hialeah Gardens, FL**

Zip  
**33016**

Country  
**Miami-Dade**

Zip  
**33016**

Country  
**Miami-Dade**

4. FEI Number  
**65-0936443**

Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CHIRINO, GLORIA P  
9904 NW 80 PLACE  
HIALEAH GARDENS FL 33016**

7. Name and Address of New Registered Agent

Name

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

**1314 W. 77 ST.**

City  
**Hialeah Gardens**

State  
**FL**

Zip Code  
**33016**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE <b>PD</b>	<input type="checkbox"/> Delete
NAME <b>CHIRINO, JOSE M</b>	
STREET ADDRESS <b>1314 W 77 ST</b>	
CITY-ST-ZIP <b>HIALEAH FL 33014</b>	
TITLE <b>VD</b>	<input type="checkbox"/> Delete
NAME <b>CHIRINO, MICHAEL</b>	
STREET ADDRESS <b>1314 W 77 ST APT #1</b>	
CITY-ST-ZIP <b>HIALEAH FL 33014</b>	
TITLE <b>STD</b>	<input type="checkbox"/> Delete
NAME <b>CHIRINO, GLORIA P</b>	
STREET ADDRESS <b>1314 W 77 ST</b>	
CITY-ST-ZIP <b>HIALEAH FL 33014</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034 (10/02)