

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 26, 2000 8:00 am**  
**Secretary of State**  
 02-26-2000 90071 020 \*\*\*150.00

**DOCUMENT # P99000069317**

1. Entity Name  
**TOURNE GLASS DESIGNER'S, INC.**

Principal Place of Business Mailing Address  
**625 S WILD FLOWER COURT 625 S WILD FLOWER COURT**  
**LONGWOOD FL 32750 LONGWOOD FL 32750-4049**

2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 City & State City & State  
 Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3607657** 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  
**TOURNE, JAVIER** Name **SANDRA TOURNE**  
**625 S WILD FLOWER COURT** Street Address (P.O. Box Number is Not Acceptable)  
**LONGWOOD FL 32750** **625 S. WILD FLOWER COURT**  
 City **LONGWOOD** FL Zip Code **32750**

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]* DATE **1-10-2000**  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	STREET ADDRESS	TITLE	NAME	STREET ADDRESS
	PD				
	TOURNE, JAVIER E	625 S WILD FLOWER COURT			
		LONGWOOD FL 32750			
	VS			PRESIDENT	
	TOURNE, SANDRA	625 S WILD FLOWER COURT			
		LONGWOOD FL 32750			
				DIRECTOR	
				GALERIA DEL VIDRIO S.A.	
				CALLE 79 NO. 66-21	
				SANTA FE de BOGOTA, COLOMBIA	

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]* DATE **1-10-2000** 407 331 4965.  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/99)