

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000094414

1. Entity Name

GLASSGUARD FRANCHISE CORPORATION

**FILED**  
**Jun 03, 2000 8:00 am**  
**Secretary of State**

04-26-2000 90213 050 \*\*\*150.00

Principal Place of Business

Mailing Address

2545 EAST SUNRISE BOULEVARD  
SUITE 201  
FT. LAUDERDALE FL 33304

2545 EAST SUNRISE BOULEVARD  
SUITE 201  
FT. LAUDERDALE FL 33304-3203

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

65-1007406 →

4. FEI Number

65-100 7406

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MAGUIRE, FRANK  
2545 EAST SUNRISE BOULEVARD  
SUITE 201  
FT. LAUDERDALE FL 33304

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]*

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: GUS TRONCOSO PRESIDENT  
NAME: GUS TRONCOSO  
STREET ADDRESS: 200 PISO LOCALES 29Y30  
CITY-ST-ZIP: PANAMA, PANAMA C.A. ☐ Delete

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: VICE PRESIDENT  
NAME: GUS TRONCOSO  
STREET ADDRESS: 200 PISO LOCALES 29Y30  
CITY-ST-ZIP: PANAMA, PANAMA C.A. ☐ Delete

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: SEC  
NAME: GUS TRONCOSO  
STREET ADDRESS: 200 PISO LOCALES 29Y30  
CITY-ST-ZIP: PANAMA, PANAMA C.A. ☐ Delete

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: PRES  
NAME: GUS TRONCOSO  
STREET ADDRESS: 200 PISO LOCALES 29Y30  
CITY-ST-ZIP: PANAMA, PANAMA C.A. ☐ Delete

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: FRANK MAGUIRE AGENT  
NAME: FRANK MAGUIRE  
STREET ADDRESS: 2545 E. SUNRISE BLVD #201  
CITY-ST-ZIP: FT. LAUDERDALE FL 33304 ☐ Delete

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-ST-ZIP: ☐ Change ☐ Addition

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)