

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000098695

1. Entity Name

QUALITY GLASS & MIRROR OF THE PALM BEACHES, INC.

FILED
Feb 21, 2001 8:00 am
Secretary of State

02-21-2001 90027 044 ***150.00

Principal Place of Business

230 BUSINESS PKWY
ROYAL PALM BEACH FL 33411

Mailing Address

230 BUSINESS PKWY
ROYAL PALM BEACH FL 33411

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0960519

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

SAWYER, DELORES
230 BUSINESS PKWY
ROYAL PALM BEACH FL 33411

Name RENO DICARLANTONIO

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

180 BUSINESS PARKWAY #4

City ROYAL PALM BEACH

FL

Zip Code 33411

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

Reno J. DiCarlantonio

02.14.01

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, 2001 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 D
NAME SAWYER, DELORES
STREET ADDRESS 230 BUSINESS PKWY
CITY-ST-ZIP ROYAL PALM BEACH FL 33411 ☒ Delete

TITLE P, S, T, D
NAME RENO DICARLANTONIO
STREET ADDRESS 180 BUSINESS PARKWAY
CITY-ST-ZIP ROYAL PALM BEACH, FL 33411 ☒ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
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:

Reno J. DiCarlantonio

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02.14.01

Date

(561) 753-4778

Daytime Phone #

CR2E034 (10/00)