

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90268 031 ***150.00

DOCUMENT # S56774

1. Entity Name
GLY, INC.

| | |
|--|--|
| Principal Place of Business 230 W. SAN MARINO DRIVE MIAMI BEACH FL 33139-1149 | Mailing Address 230 W. SAN MARINO DRIVE MIAMI BEACH FL 33139-1149 |
|--|--|



DO NOT WRITE IN THIS SPACE

| | | | |
|--------------------------------|---------|---------------------|---------|
| 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 65-0261415 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent
**GOMEZ, MIRIAM
 230 WL SAN MARINO DR.
 MIAMI BEACH FL**

7. Name and Address of New Registered Agent

| |
|--|
| Name |
| Street Address (P.O. Box Number is Not Acceptable) |
| City |
| State 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 _____ (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 | |
|----------------------------|---------------------------------|
| TITLE | <input type="checkbox"/> Delete |
| NAME | D MEDERO, LUIS |
| STREET ADDRESS | 230 W. SAN MARINO DR. |
| CITY-ST-ZIP | MIAMI BEACH FL |
| TITLE | <input type="checkbox"/> Delete |
| NAME | D GOMEZ, MIRIAM |
| STREET ADDRESS | 230 W. SAN MARINO DR. |
| CITY-ST-ZIP | MIAMI BEACH FL |
| 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 | |

| 12. 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 | D LUIS MEDERO |
| STREET ADDRESS | 2468 SW 18th |
| CITY-ST-ZIP | MIAMI. FL. 33140 |
| TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | D GLADYS MEDERO |
| STREET ADDRESS | 13322 SW 6th |
| CITY-ST-ZIP | MIAMI. FL. 33184 |
| TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | D YESENIA MEDERO |
| STREET ADDRESS | 3031 SW 17th |
| CITY-ST-ZIP | MIAMI. FL. 33145 |
| TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | D JANET MEDERO |
| STREET ADDRESS | 13322 SW 6th |
| CITY-ST-ZIP | MIAMI. FL. 33184 |

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 individuals empowered.

SIGNATURE: *Miriam Gomez* Director Date: 1-9-01 (305) 531-0596

CR2E034 (10/00)