

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V20194

1. Entity Name

GLASSMAN ASSOCIATES, INC.

**FILED**  
**Apr 10, 2000 8:00 am**  
**Secretary of State**

04-10-2000 90088 013 \*\*\*150.00

Principal Place of Business

16117 NW 15 ST  
PEMBROKE PINES FL 33028  
US

Mailing Address

G/O CHARLES D DECKER ESQ  
100 NE 3RD AVE 280  
FT LAUDERDALE FL 33301-1165  
US

2. Principal Place of Business

9815 Pines Blvd.

3. Mailing Address

9815 Pines Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pembroke Pines

City & State

Pembroke Pines

4. FEI Number

65-0322378

Applied For

Not Applicable

Zip

33024

Country

Zip

33024

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

CORPCO INC  
2699 S BAYSHORE DR  
7TH FLOOR  
MIAMI FL 33133

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, 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 DP  
NAME GLASSMAN, LARRY D.  
STREET ADDRESS 16117 NW 15 ST  
CITY-ST-ZIP PEMBROKE PINES FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS 9815 Pines Boulevard  
CITY-ST-ZIP Pembroke Pines, FL 33024

☒ Change ☐ Addition

TITLE DVS  
NAME GLASSMAN, STEVEN M.  
STREET ADDRESS 16117 NW 15TH ST  
CITY-ST-ZIP PEMBROKE PINES FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS 9815 Pines Boulevard  
CITY-ST-ZIP Pembroke Pines, FL 33024

☒ Change ☐ Addition

TITLE T  
NAME GLASSMAN, STEVEN M.  
STREET ADDRESS 16117 NW 15 ST  
CITY-ST-ZIP PEMBROKE PINES FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS 9815 Pines Boulevard  
CITY-ST-ZIP Pembroke Pines, FL 33024

☒ Change ☐ Addition

TITLE AS  
NAME CAMPOPIANO, LILA  
STREET ADDRESS 16117 NW 15 ST  
CITY-ST-ZIP PEMBROKE PINES FL 33026

☐ Delete

TITLE  
NAME  
STREET ADDRESS 9815 Pines Boulevard  
CITY-ST-ZIP Pembroke Pines, FL 33024

☒ Change ☐ Addition

TITLE AVP  
NAME BRECKER, CHARLES D.  
STREET ADDRESS 100 NE 3RD AVE 280  
CITY-ST-ZIP FT LAUDERDALE FL 33301

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
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:

*LARRY GLASSMAN*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRES

4-4-00

Date

954-435-8008

Daytime Phone #

CR2E034 (9/99)