

2000 UNIFORM BUSINESS REPORT (UBR) **AMENDED #61.25**

DOCUMENT # V55469

1. Entity Name
Glass Carving Enterprises, Inc.

Principal Place of Business **Mailing Address**

6454 NE 4th Avenue
Miami, FL 33137

2. Principal Place of Business **3. Mailing Address**

6454 NE 4th Avenue same

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **City & State**

Miami, FL

Zip **Country** **Zip** **Country**

33137 USA

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 JUN -7 AM 11:24

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Jeffrey C. Roth
1500 San Remo Avenue, Suite 176
Coral Gables, FL 33146

7. Name and Address of New Registered Agent

Name: Jeffrey R. Eisensmith, P.A.
Street Address (P.O. Box Number is Not Acceptable):
One Financial Plaza, Suite 1610
City: Fort Lauderdale FL Zip Code: 33394

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: JEFFREY R. EISENSMITH DATE: 6/6/00

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. ☐ **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	<input type="checkbox"/> Delete		TITLE P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE VP/S/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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NAME			NAME		
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NAME			NAME		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: Ronald Katz DATE: June 5, 2000 305-751-2220

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #