

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 14, 2001 8:00 am**  
**Secretary of State**

03-14-2001 90010 046 \*\*\*150.00

**DOCUMENT #** V55469 ✓

1. Entity Name  
 ..Glass Carving Enterprises, Inc.

Principal Place of Business Mailing Address  
 6454 NE 4th Avenue 6454 NE 4th Avenue  
 Miami, FL 33137 Miami, FL 33137

A0032655

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 650429573 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

Jeffrey R. Eisensmith, P.A.  
 One Financial Plaza, Suite 1610  
 Fort-Lauderdale, FL 33394

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 \_\_\_\_\_ (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 P/D ☐ Delete  
 NAME Steven Goldsmith  
 STREET ADDRESS 6454 NE 4th Avenue  
 CITY-ST-ZIP Miami, FL 33137

TITLE D/S/V ☐ Change ☐ Addition  
 NAME Steven Goldsmith  
 STREET ADDRESS 6454 NE 4th Avenue  
 CITY-ST-ZIP Miami, FL 33137

TITLE VP/S/T/D ☐ Delete  
 NAME Ronald Katz  
 STREET ADDRESS 6454 NE 4th Avenue  
 CITY-ST-ZIP Miami, FL 33137

TITLE D/P ☐ Change ☐ Addition  
 NAME Ronald Katz  
 STREET ADDRESS 6454 NE 4th Avenue  
 CITY-ST-ZIP Miami, FL 33137

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 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 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: March 6/2001 Daytime Phone #: 305 751 2202

CR2E034 (11/00)