

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V57889

1. Entity Name

ISLAND GLASS DESIGNWORKS, INC.

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90233 009 ***150.00

Principal Place of Business

Mailing Address

280 S W 6 ST
FT LAUDERDALE FL 33301
US

280 S W 6 ST
FT LAUDERDALE FL 33301-2822
US

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

65-0351486

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

MYERS, JOSEPH MICHAEL
725 N E 4 ST
102
HALLENDALE FL 33009

Name

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

846 S.W. 11th Court

City

Ft. Lauderdale FL

Zip Code

33315

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 Myers, Joseph Michael

4-5-00

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 \$180.00
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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTV
MYERS, JOSEPH MICHAEL
725 NE 4TH ST #102
HALLANDALE FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
846 S.W. 11th St.
Ft Lauderdale FL 33315

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MYERS, JOSEPH MICHAEL
725 N.E. 4TH ST. #102
HALLANDALE FL

TITLE ☒ Change ☐ Addition
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CITY-ST-ZIP
846 S.W. 11th Ct.
Ft Lauderdale FL 33315

TITLE ☐ Delete
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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, was all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Myers, Joseph Michael
* 4-5-00 * 954-523-0130
Date Daytime Phone #

CR2E034 (9/99)