

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 09, 2002 8:00 am
Secretary of State

09-09-2002 90024 010 ***550.00

DOCUMENT # V65732

1. Entity Name
GLORY HEALTH CARE PRODUCTS INC.

Principal Place of Business

**4011 SW 111TH LANE
 DAVIE FL 33328**

Mailing Address

**4011 SW 111TH LANE
 DAVIE FL 33328**

2. Principal Place of Business

14941 SW 9TH ST

Suite, Apt. #, etc.

3. Mailing Address

14941 SW 9TH ST

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

SUNRISE FL

Zip

33326

Country

City & State

SUNRISE FL

Zip

33326

Country

4. FEI Number

65-0364496

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**VALVANO, JANICE M.
 4011 SW 111TH LANE
 DAVIE FL 33328**

7. Name and Address of New Registered Agent

Name **JANILLE FAULKNER**
 Street Address (P.O. Box Number is Not Acceptable)
14941 SW 9TH STREET
 City **SUNRISE** FL **33326**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Janille Faulkner
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9-1-02

9. This corporation is eligible to satisfy its Intangible Tax filing requirements and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
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 **DP** ☒ Delete
 NAME **VALVANO, JANICE M.**
 STREET ADDRESS **4011 SW 111TH LANE**
 CITY-ST-ZIP **DAVIE FL**

TITLE **VP** ☐ Delete
 NAME **VALVANO, MICHAEL A JR.**
 STREET ADDRESS **9660 NW 25 ST**
 CITY-ST-ZIP **SUNRISE FL 33322**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☒ Change ☐ Addition
 NAME **VP**
 NAME **VALVANO, MICHAEL, A JR.**
 STREET ADDRESS **1255 NW 102ND WAY**
 CITY-ST-ZIP **CORAL SPRINGS FL 33071**

TITLE ☐ Change ☒ Addition
 NAME **DP-SEC**
 NAME **FAULKNER, JANILLE**
 STREET ADDRESS **14941 SW 9TH ST**
 CITY-ST-ZIP **SUNRISE, FL 33326**

TITLE ☐ Change ☒ Addition
 NAME **TR**
 NAME **FAULKNER, MATT**
 STREET ADDRESS **14941 SW 9TH ST**
 CITY-ST-ZIP **SUNRISE, FL 33326**

TITLE ☐ Change ☐ Addition
 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:

Michael Valvano
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-18-02

Date

954-755-6082

Daytime Phone #

CR2E034 (4/02)