

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91350 018 ***150.00

DOCUMENT # P00000022064

1. Entity Name

Woodform, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

19061 San Ramon Circle

Suite, Apt. #, etc.

3. Mailing Address

16855 N.E. 2nd Avenue

Suite, Apt. #, etc.

303

DO NOT WRITE IN THIS SPACE

City & State

Villa Park, CA

City & State

N. Miami Beach, FL

4. FEI Number

650986038

Applied For

Not Applicable

Zip

92861

Country

U.S.

Zip

33162

Country

U.S.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Michael Goldberg

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

16855 N.E. 2nd Avenue Suite # 303

City N. Miami Bch

FL

Zip Code 33162

**DO NOT WRITE
IN THIS SPACE**

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

Michael Golberg - Registered Agent

5-17-2002

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 D
NAME Howard T. Rush
STREET ADDRESS 19061 San Ramon Circle
CITY-ST-ZIP Villa Park, CA 92861

TITLE D
NAME Antonio G. Vuolo
STREET ADDRESS 4032 South Federal Way # E106
CITY-ST-ZIP Boise, ID 83716

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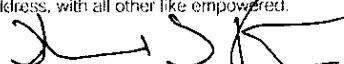
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

 - Howard T. Rush - Director

5/17/2002

714-637-0520

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Daytime Phone #

CR2E034B (12/01)