FILED
May 24, 2002 8:00 am
Secretary of State
05-24-2002 91350 018 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000022064

1. Entity Name
Woodform, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
19061 San Ramon Circle		16855 N.E. 2nd Avenue	
Suite, Apt. #, etc.		Suite, Apt. #, etc. #303	
City & State: Villa Park, CA		City & State: N. Miami Beach, FL	
Zip: 92861	Country: U.S	Zip: 33162	Country: U.S

DO NOT WRITE IN THIS SPACE

4. FEI Number 650986038 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

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

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 DATE: 5-17-2002
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. (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	TITLE	
NAME	Howard T. Rush	NAME	
STREET ADDRESS	19061 San Ramon Circle	STREET ADDRESS	
CITY-ST-ZIP	Villa Park, CA 92861	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	Antonio G. Vuolo	NAME	
STREET ADDRESS	4032 South Federal Way #E106	STREET ADDRESS	
CITY-ST-ZIP	Boise, ID 83716	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [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 #