

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90695 036 ***158.75

DOCUMENT # P01000024115

1. Entity Name
NG WOOD SUPPLIES, INC.



Principal Place of Business
2699 W 79 ST
BAY # 4
HIALEAH FL 33016

Mailing Address
16395 NW 19 ST
PEMBROKE PINES FL 33028



2. Principal Place of Business

3. Mailing Address

2699 W 79 St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Bay # 4

City & State

City & State
Hialeah, FL

Zip

Country

Zip

Country

33016

USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1081542

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

NAGEL, CARMEN
16395 NW 19 ST
PEMBROKE PINES FL 33028

Name
Nagel, Carmen

Street Address (P.O. Box Number is Not Acceptable)
2699 W 79 St, Bay # 4

City
Hialeah

FL

Zip Code

33016

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 Carmen Nagel
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/13/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	NAGEL, CARMEN	
STREET ADDRESS	16395 NW 19 ST	
CITY-ST-ZIP	PEMBROKE PINES FL 33028	
TITLE	V	<input type="checkbox"/> Delete
NAME	GONZALEZ, JOSE-	
STREET ADDRESS	16395 NW 19 ST	
CITY-ST-ZIP	PEMBROKE PINES FL 33028	
TITLE	S	<input type="checkbox"/> Delete
NAME	GONZALEZ, SILVIA	
STREET ADDRESS	2699 W 79 ST	
CITY-ST-ZIP	HIALEAH FL 33016	
TITLE	T	<input type="checkbox"/> Delete
NAME	NAGEL, ARNO	
STREET ADDRESS	2699 W 79 ST	
CITY-ST-ZIP	HIALEAH FL 33016	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Nagel, Carmen	
STREET ADDRESS	2699 W 79 St, Bay 4	
CITY-ST-ZIP	Hialeah, FL 33016	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gonzalez, Jose	
STREET ADDRESS	2699 W 79 St, Bay 4	
CITY-ST-ZIP	Hialeah, FL 33016	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Carmen Nagel, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/03

Date

305-894-3222

Daytime Phone #

CR2E034 (10/02)