## FOR PROFIT CORPORATION

**UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # P97000050429

WOODSTARS ALCA. MILL. INST- , INC.

**FILED** Feb 26, 2003 8:00 am Secretary of State

02-26-2003 90161 009 \*\*\*150.00

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2. Principal Place of Business 9 TERR	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City State	City & State

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CHAPPED PO	BEACH, FL	City & State		4. FEI Mimber 0482121	Applied For
1011111	70-2 77			1 6)- 0/82/0	Not Applicable
Zip 33064	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	The state of the s	and a residence of the forest particular and the same of the same	The state of the s	-7. Name and Address of Current Registe	ered Agent
	O NOT WI	PITE	Name /	1BIO GOMES	
	IN TON ON		Street Address	(P.O. Box Number is Not Acceptable)	

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	the obligations of registered againt.									

SIGNATURE

1. Entity Name

	X		omes
	Signature, type	do betring to b	ne of registered agent and title if applicable
T	nuary 1 - M	av t Fee	is \$150 00

(NOTE: Registered Agent signature required when reinstating)

9-23	-03
	DATE

After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE MARIA COMES	TILE.
NAME. DEYDNE 9 TEM.	NAME
STREET ADDRESS 02370	STREET ADDRESS
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	CHT-ST-ZIE

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 on an attachment with an address, with all other like

SIGNATURE:

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR