

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000094895

1. Entity Name

TIMBER FRAMES, INC.

FILED
Mar 08, 2001 8:00 am
Secretary of State

03-08-2001 90103 003 ***150.00

727148



DO NOT WRITE IN THIS SPACE

Principal Place of Business 331 HALLANDALE BOULEVARD HALLANDALE FL 33009		Mailing Address 331 HALLANDALE BOULEVARD HALLANDALE FL 33009		<div style="font-size: 24px; font-weight: bold;">727148</div> <p>DO NOT WRITE IN THIS SPACE</p>		
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State				
Zip	Country	Zip	Country	4. FEI Number	65-0800791	Applied For <input type="checkbox"/> Not Applicable
				5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
ORTEGA, AMADO A 204 NE 10TH AVE APT 1 HALLANDALE FL 33009				Name		
				Street Address (P.O. Box Number is Not Acceptable)		
				City		
				FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating)						
DATE _____						
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)				FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State		
				10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ORTEGA, AMADO A			NAME		
STREET ADDRESS	204 NE 10TH AVE #1			STREET ADDRESS		
CITY-ST-ZIP	HALLANDALE FL 33009			CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ORTEGA, PATRICIA			NAME		
STREET ADDRESS	204 NE 10TH AVE #1			STREET ADDRESS		
CITY-ST-ZIP	HALLANDALE FL 33009			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP				CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP				CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP				CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP				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:				02/15/01 954 458-6629		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #		

CR2E034 (10/00)