

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

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90424 033 ***150.00

DOCUMENT # P98000084486

1. Entity Name

MILLWORK 911, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

214 SE 2nd Street

Suite, Apt. #, etc.

3. Mailing Address

214 SE 2nd Street

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Dania Beach, FL

City & State

Dania Beach, FL

4. FEI Number

65-0865261

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name Bob L. Lizana

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

214 SE 2nd Street

City Dania Beach

FL

Zip Code

33004

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

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

(NOTE: Registered Agent signature is required when reinstating)

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	NAME	STREET ADDRESS	CITY-ST-ZIP
PRESIDENT	Bob L. Lizana	214 SE 2nd Street	Dania Beach, FL 33004

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034B (12/01)

2001 Uniform Business Report (UBR)

DOCUMENT # P98000084486

1. Entity Name

MILLWORK 911, INC.

A Hachment

2. Principal Place of Business

1089 SE 6TH AVE
DANIA BCH FL 33004

Mailing Address

1089 SE 6TH AVE
DANIA BCH FL 33004

3. Mailing Address

214 SE 2nd street

4. FEI Number

214 SE 2nd street



DO NOT WRITE IN THIS SPACE

City & State

Dania Beach, FL

City & State

Dania Beach, FL

Zip

33004

Country

USA

Zip

33004

Country

USA

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

6. Name and Address of Current Registered Agent

LIZANA, KATHERINE M
1089 SE 6TH AVE
DANIA BCH FL 33004

7. Name and Address of New Registered Agent

Name Bob L. Lizana

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

214 SE 2nd street

City Dania Beach

FL

Zip 33004

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 typed or printed name of registered agent and title if applicable

(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. (See instructions on back)

FILE NOW!!! FEES \$150.00

After MAY 1, 2001 FEES WILL BE \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 Max Fee Add to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	LIZANA, KATHERINE M	
STREET ADDRESS	1089 SE 6TH AVE	
CITY-STATE-ZIP	DANIA BCH FL 33004	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Change
NAME	Bob L. Lizana	
STREET ADDRESS	214 SE 2nd street	
CITY-STATE-ZIP	Dania Beach, FL 33004	
TITLE		<input type="checkbox"/> Add <input type="checkbox"/> Change
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Add <input type="checkbox"/> Change
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
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STREET ADDRESS		
CITY-STATE-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. I am the owner 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 on the report or on an attachment with address, with all other like empowered.

SIGNATURE:

Signature and typed or printed name of signing officer or director

(954) 920-2355