## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED May 10, 2001 8:00 am Secretary of State **DOCUMENT # 293748** 1. Entity Name WIGHTMAN LUMBER COMPANY 05-10-2001 90106 046 \*\*\*158.75 Mailing Address Principal Place of Business POBOX-1276 381276 7120 N.W. 1ST AVE. MIAMI FL 33138-1276 MIAMI FL 33150-3702 US 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number 59-1097997 City & State Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required -- 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BAUZA, ENRIQUE Street Address (P.O. Box Number is Not Acceptable) 7120 N.W. 1ST AVENUE **MIAMI FL 33150** Zip Code FL 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change Addition ☐ Delete TITLE TITLE PRESIDENT / TREASURE NAME ENRIQUE-C. BAUZA STREET ADDRESS STREET ADDRESS 7120 N.W. 1st Ave. CITY-ST-ZIP CITY-ST-ZIP Miami, FL. 33150 ☐ Change ☐ Addition TITI F ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-7IP

SIGNATURE AND TOPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-01