2002 UNIFORM BUSINESS REPORT (UBR)

T1LED May 27, 2002 8:00 am Secretary of State 05-27-2002 00470 75 378111 DOCUMENT # 1. Entity Name FROMETA WOOD WORKS, INC. 05-27-2002 90479 016 ***150.00 Mailing Address Principal Place of Business 1722 N.W. 21ST STREET 1722 N.W. 21ST STREET MIAMI FL 33142 MIAMI FL 33142 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1315826 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RIGUBERTO, FROMETA Street Address (P.O. Box Number is Not Acceptable) 2301 SW 2ND AVENUE **MIAMI FL 33129** s 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) 9. This comporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 111 CR2E034 (9/01 ☐ Delete TITLE NAME FROMETA, ISAI R. NAME STREET ADDRESS 2301 S.W. 2 AVE. STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE FROMETA, OBED NAME STREET ADDRESS 2301 S.W. 2 AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Delete ☐ Change TITLE ☐ Addition TITLE TS FROMETA, CONCEPCION NAME NAME 2301 SW 2ND AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33129** CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE 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-ZIE CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

SIGNATURE:

changed, or on an attachm

13. I hereby certify that the information supplied with this fi

indicated on this report or supplemental report is of the corporation or the receiver or trustee emp

all other like empowered.

ng does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information

and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director and to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if