

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2003 8:00 am
Secretary of State

05-09-2003 90145 023 ***150.00

DOCUMENT # 403482

1. Entity Name
DON TALLET HARDWARE AND LUMBER COMPANY, INC.



Principal Place of Business
**4361 S W 8TH ST
MIAMI FL 33134**

Mailing Address
**4361 S W 8TH ST
MIAMI FL 33134**

2. Principal Place of Business

3. Mailing Address

4401 N.W. 7 Street

4401 N.W. 7 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Miami, FL

Miami, FL

Zip
33120

Country
U.S.A.

Zip
33120

Country
U.S.A.

4. FEI Number **59-1404129**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LUACES, LORENZO
1915 BRICKELL AVENUE
C-911
MIAMI FL 33129**

Name

Luaces Lorenzo

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

4401 N.W. 7 Street

City

Miami FL 33120

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PT
LUACES, LORENZO
1915 BRICKELL AVENUE #C-911
MIAMI FL**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PT.
Luaces Lorenzo
4401 N.W. 7 Street
Miami, FL 33120**

☒ Change ☐ Addition

TITLE
NAME
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CITY-ST-ZIP

☐ Change ☐ Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-28-03 (305) 446-4948

Date Daytime Phone #

CR2E034 (10/02)