

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 01, 2001 8:00 am**  
**Secretary of State**

08-01-2001 90201 044 \*\*\*150.00

<b>DOCUMENT # 443600</b> 1. Entity Name <b>MEDLEY HARDWOOD, INC.</b>			
Principal Place of Business <b>7182 N.W. 77TH TERRACE</b> <b>MEDLEY FL 33166</b>		Mailing Address <b>7182 N.W. 77TH TERRACE</b> <b>MEDLEY FL 33166</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>MORA, FRANK L</b> <b>7410 N. AUGUSTA DRIVE</b> <b>MIAMI FL 33015</b>		Name  Street Address (P.O. Box Number is Not Acceptable) <b>7182 N W 77 TERR</b>  City <b>MEDLEY</b> <b>FL</b> Zip Code <b>33166</b>	
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 <i>Frank L Mora</i> <b>7/26/01</b> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE)</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		<b>FILE NOW!!! FEE IS \$550.00</b> <b>After September 12, 2001 Fee will be \$750.00</b> <b>Make Check Payable to Department of State</b>	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>PD</b> NAME <b>MORA, FRANK L</b> STREET ADDRESS <b>7410 N. AUGUSTA DRIVE</b> CITY-ST-ZIP <b>MIAMI FL</b>	<input type="checkbox"/> Delete	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS <b>7182 N W 77 TERR</b> CITY-ST-ZIP <b>MEDLEY FL 33166</b>	
TITLE <b>SD</b> NAME <b>MORA, FRANCISCO R</b> STREET ADDRESS <b>1597 W 77TH ST</b> CITY-ST-ZIP <b>HIALEAH FL</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>D</b> NAME <b>MORA, FRANK L</b> STREET ADDRESS <b>7410 N AUGUSTA DR</b> CITY-ST-ZIP <b>MIAMI FL</b>	<input type="checkbox"/> Delete	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS <b>7182 N W 77 TERR</b> CITY-ST-ZIP <b>MEDLEY FL 33166</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1533070** Applied For ☐ Not Applicable ☒

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

CR2E034 (5/01)

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:** *Frank L Mora* **REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #