

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 01, 2003 8:00 am
Secretary of State

08-01-2003 90063 048 ***550.00

DOCUMENT # 450439

1. Entity Name
MIAMI PANELING CORP.



Principal Place of Business
**5891 SW 8TH ST
MIAMI FL 33144**

Mailing Address
**5891 SW 8TH ST
MIAMI FL 33144**

2. Principal Place of Business
111 Coral Avenue

3. Mailing Address
P.O. Box 9387

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
TAVENIER, FL.

City & State
TAVENIER, FL

4. FEI Number **59-1523177**

Applied For
Not Applicable

Zip **33070** Country **Monroe**

Zip **33070** Country **Monroe**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NAVARRO, ARNALDO
3001 SW 130 AVENUE
MIAMI FL 33175**

Name

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

City **TAVENIER**

FL

Zip Code **33070**

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 **PD** ☐ Delete
NAME **NAVARRO, ARNALDO**
STREET ADDRESS **3001 SW 130 AVENUE**
CITY-ST-ZIP **MIAMI FL**

TITLE ☒ Change ☐ Addition
NAME **111 Coral Avenue**
STREET ADDRESS **TAVENIER, FL. 33070**
CITY-ST-ZIP

TITLE **SD** ☐ Delete
NAME **NAVARRO, ELOINA**
STREET ADDRESS **8975 S W 11TH ST**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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:

ARNALDO NAVARRO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305-852-7359
305-852-7982

CR2E034 (10/02)