

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F47691

1. Entity Name

PELT'S CUSTOM FRAMING, INC.

FILED
Mar 23, 2000 8:00 am
Secretary of State

03-23-2000 90010 023 ***150.00

Principal Place of Business

Mailing Address

14680 NE 7TH AVE.
MIAMI FL 33168-3030

14680 NE 7TH AVE.
MIAMI FL 33168-3030

2. Principal Place of Business

14680 N.W. 7TH AVE

3. Mailing Address

14680 N.W. 7TH AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

59-2130723

Applied For

Not Applicable

Zip

Country

33168-3030

US

Zip

Country

33168-3030

US

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

PELT, WILLIE E.
14632 NW 7TH AVENUE
MIAMI FL 33168

Name

PELT, WILLIE E.

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

14680 N.W. 7TH AVENUE

City

MIAMI

FL

Zip Code

33168

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME PELT, WILLIE E
STREET ADDRESS 5701 NW 5TH AVE
CITY-ST-ZIP MIAMI FL ☐ Delete

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

TITLE VST
NAME PELT, JOHNNIE M
STREET ADDRESS 5701 NW 5TH AVE
CITY-ST-ZIP MIAMI FL ☐ Delete

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

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

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: *JOHNNIE M PELT*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-20-00-305-688-7213
Date Daytime Phone #

CR2E034 (9/99)