Amended

05-06-2003 90051 015 ****61.25
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 MAY 28 PM 3:49

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2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F47691

1. Entity Name
PELT'S CUSTOM FRAMING, INC.

Principal Place of Business	Mailing Address
14680 N.W. 7TH AVE MIAMI, FL 33168-3030 US	14680 N.W. 7TH AVE MIAMI, FL 33168-3030 US

2. Principal Place of Business		3. Mailing Address	
Suite, Apt #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-2130723 ☐ Applied For ☐ Not Applicable

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 14680 NW 7TH AVE MIAMI, FL 33168	Name FELICIA PELT Street Address (P.O. Box Number is Not Acceptable) 14680 N.W. 7th AVE. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Felicia Pelt* 4/28/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

[illegible] After May 1, 2003 fee will be $150.00 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	PD PELT, WILLIE E 6701 NW 6TH AVE MIAMI, FL 33127	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PELT, FELICIA E. 1342 N.W. 172 TERRACE MIAMI, FL 33169	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST PELT, JOHNNIE M 6701 NW 6TH AVE MIAMI, FL 33127	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST PELT, ANDREA J. 741 S.W. 99 AVE. PEMBROKE PINES, FL. 33025	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

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: *Felicia Pelt* FELICIA PELT 4/28/03 305-688-7213
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

5/28
aw