2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H25083

1. Entity Name

WOODS MANAGEMENT CORP. OF FLORIDA

FILED

00 MAY -8 AM 9:10

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business	Mailing Address
2740 W 5 AVE HIALEAH FL 33010	2740 W 5 AVE HIALEAH FL 33010-1307

DO NOT WRITE IN THIS SPACE

02/05/00 90033 047 61.25

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

4. FEI Number 59-2450581 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SCHENK, HAROLD
WOODS MANAGEMENT CORPORATION OF FLORIDA
2740 WEST 5 AVENUE
HIALEAH FL 33010

7. Name and Address of New Registered Agent

Name Joaquin Delgado

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

2740 W 5 Ave

City Hialeah FL Zip Code 33010

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 Joaquin R Delgado 1/27/2000

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DP GOLDBERG, RICHARD 109 WOOD LANE WOODMERE NY	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V DELGADO, JOAQUIN ☐ Change ☑ Additio
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV BERNSTEIN, STUART 123 BARRETT ROAD LAWRENCE NY	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Additio 400003327634--2 -07/19/00--01036--018 *****88.75 *****88.75
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V SCHENK, HAROLD 580 W. 50TH STREET MIAMI BCH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Additio
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST CERTILMAN, MORTON 265 DOLPHIN DRIVE WOODMERE NY	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Additio
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Additio
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Additio VAT 5/8/00

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: Harold Schenk Harold Schenk 1/22/00 (561) 733-6666

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #