

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # H25083**

1. Entity Name

WOODS MANAGEMENT CORP. OF FLORIDA**FILED**
Jan 24, 2001 8:00 am
Secretary of State

01-24-2001 90013 020 ***150.00

0090637

Principal Place of Business Mailing Address
2740 WEST 5TH AVENUE 2740 WEST 5TH AVENUE
HIALEAH FL 33010 HIALEAH FL 33010



DO NOT WRITE IN THIS SPACE

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 <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent**DELGADO, JOAQUIN R**
2740 W. 5TH AVENUE
HIALEAH FL 33010**7. Name and Address of New Registered Agent**

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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) DATE9. 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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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 <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDBERG, RICHARD	NAME	
STREET ADDRESS	109 WOOD LANE	STREET ADDRESS	
CITY-ST-ZIP	WOODMERE NY	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERNSTEIN, STUART	NAME	
STREET ADDRESS	123 BARRETT ROAD	STREET ADDRESS	
CITY-ST-ZIP	LAWRENCE NY	CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHERK, HAROLD	NAME	
STREET ADDRESS	580 W. 50TH STREET	STREET ADDRESS	
CITY-ST-ZIP	MIAMI BCH FL	CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CERTILMAN, MORTON	NAME	
STREET ADDRESS	265 DOLPHIN DRIVE	STREET ADDRESS	
CITY-ST-ZIP	WOODMERE NY	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELGADO, JOAQUIN R	NAME	
STREET ADDRESS	2740 W 5 AVE	STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33010	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Joaquin R. Delgado
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR4. Jan 2001 305 887-9801
Date Daytime Phone #

CR2E034 (10/00)