

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2002 8:00 am
Secretary of State

0194027 AV

04-07-2002 90056 023 ***150.00

DOCUMENT # **M27610**

1. Entity Name
U. S. HARDWOOD INTERNATIONAL, INC.

Principal Place of Business Mailing Address
~~601 NW 11TH ST.~~ ~~601 NW 11TH ST.~~
~~MIAMI FL 33136~~ ~~MIAMI FL 33136~~



2. Principal Place of Business 3. Mailing Address
1645 NW South River Dr **1645 NW South River Dr**

DO NOT WRITE IN THIS SPACE

City & State City & State 4. FEI Number Applied For
MIAMI FL **MIAMI FL** **59-2780951** Not Applicable

Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required
33125 **33125** \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

RODRIGUEZ, JOSE A.
~~601 NW 11TH ST.~~
~~MIAMI FL 33136~~

Name
 Street Address (P.O. Box Number is Not Acceptable)
1645 NW SOUTH RIVER DR.

City State Zip Code
MIAMI **FL** **33125**

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 _____ (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, 2002 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	PST RODRIGUEZ, JOSE A. 601 NW 11TH STREET MIAMI FL 33136 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1645 NW SOUTH RIVER DRIVE MIAMI FL 33125
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ, JOSE A. 601 NW 11TH STREET MIAMI FL 33136 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1645 NW SOUTH RIVER DRIVE MIAMI FL 33125
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RODRIGUEZ, JOELY 601 N.W. 11TH ST. MIAMI FL 33136 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1645 NW SOUTH RIVER DRIVE MIAMI FL 33125
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Joely Rodriguez Date: 3/29/02 Daytime Phone: 305/3714321

CR2E034 (9/01)