

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000016193

1. Entity Name

HIGH QUALITY WOOD, CORP.

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91750 029 \*\*\*150.00

Principal Place of Business Mailing Address  
1173 SE 4 AVENUE 1173 SE 4 AVENUE  
DEERFIELD BEACH FL 33441 DEERFIELD BEACH FL 33441

2. Principal Place of Business 3. Mailing Address  
3319 NW 23 COURT 3319 NW 23 COURT

Suite Apt. #, etc.

Suite. Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State City & State  
COCONUT CREEK, FL COCONUT CREEK, FL  
Zip Country Zip Country  
33066 USA 33066 USA

4. FEI Number 65-0983304 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

DESPHANTE BRASILEIRO

3961 N. FEDERAL HWY.

POMPANO BEACH FL 33060

Name

TAX HOUSE CORP.

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

3929 N Federal Hwy

City

POMPANO BEACH

FL

Zip Code

33064

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 BRENO GOMES - President

04/30/02

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, 2002 Fee will be \$650.00**  
**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	PT	<input type="checkbox"/> Delete	TITLE	PT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACHADO, VALERIO S		NAME	MACHADO, VALERIO S	
STREET ADDRESS	1173 SE 4 AVENUE		STREET ADDRESS	3319 NW 23 COURT	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441		CITY-ST-ZIP	COCONUT CREEK, FL 33066	
TITLE	VS	<input type="checkbox"/> Delete	TITLE	VS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARROS RAPOSEIRO, FABILENE		NAME	BARROS RAPOSEIRO, FABILENE	
STREET ADDRESS	1173 SE 4 AVENUE		STREET ADDRESS	3319 NW 23 COURT	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441		CITY-ST-ZIP	COCONUT CREEK, FL 33066	
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		
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		
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		
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 19.07(3)(1), 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 N changed or on an attachment with an address, with all other like empowered.

SIGNATURE *FABILENE RAPOSEIRO VS*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/30/02 954 974-6684  
Date Daytime Phone #