

# 2001 UNIFORM BUSINESS REPORT (UBR)

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**FILED**  
**Apr 03, 2001 8:00 am**  
**Secretary of State**

03-13-2001 90071 041 \*\*\*150.00

**DOCUMENT # P00000044782**

1. Entity Name

**HERZIG WOOD DESIGN, INC.**

Principal Place of Business

9983 SW 222 STREET  
MIAMI FL 33190

Mailing Address

9983 SW 222 STREET  
MIAMI FL 33190

2. Principal Place of Business

10096 SW 188 ST  
Suite, Apt. #, etc.

3. Mailing Address

9983 SW 222 ST  
Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33157

Country

US

Zip

33157

Country

US

4. FEI Number

65-1012278

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

HERZIG, JOHN O  
9983 SW 222 STREET  
MIAMI FL 33190

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)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)

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**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution.

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**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

President  
John Herzig  
9983 SW 222 ST  
MIAMI, FL 33190

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TITLE NAME STREET ADDRESS CITY-ST-ZIP

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

JOHN O. HERZIG

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2004 (10/00)