

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000045651

1. Entity Name

G.O. CARPENTRY, INC.

FILED

02 APR -8 PM 2:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2700 FOREST HILL BLVD.

Suite, Apt. #, etc.

205

City & State

CORAL SPRINGS, FL

Zip

33065

Country

USA

3. Mailing Address

2700 FOREST HILL BLVD.

Suite, Apt. #, etc.

205

City & State

CORAL SPRINGS, FL

Zip

33065

Country

USA

4. FEI Number

65-1024600

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

LUIS GABRIEL OROZCO

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

2700 FOREST HILL BLVD # 205

City

CORAL SPRINGS

FL

Zip Code

33065

**DO NOT WRITE
IN THIS SPACE**

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 date if applicable.

(NOTE: Registered Agent signature required when reconstituting)

DATE

04/5/02

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

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P/D LUIS GABRIEL OROZCO
2700 FOREST HILL BLVD #205
CORAL SPRINGS, FL 33065.

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

500005205785

-04/02/02--01073--001

***600.00 ***300.00

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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)(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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/5/02

Date

Daytime Phone #

G.O. CARPENTRY, INC.
DOC.#P00000045651

TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A
CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY
UP-DATE THE ABOVE MENTIONED CORPORATION.

I NEVER RECEIVED ANY NOTICE FROM YOUR OFFICE, PLEASE TAKE THIS
LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT
STATUS.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER
AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER
DON'T HESITATE TO CONTACT ME

CORDIALLY,



LUIS GABRIEL OROZCO
PRESIDENT