2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 25, 2001 8:00 am Secretary of State DOCUMENT # P0000051572 WOOD DESIGN WORK, CORP. 04-25-2001 90134 009 ***150.00 Principal Place of Business Mailing Address 10878 S.W. 1888TH ST. 10878 S.W. 1888TH ST. **BAY 23** BAY 23 UUU4U692 MIAMI FL 33157 MIAMI FL 33157 2. Principal Place of Business 3. Mailing Address 10878 Sw 188 St #23 Suite, Apt. #, etc. 2 881 WZ 8 F801 #23 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 5-101383 m_imf Chicen. Not Applicable 000 40 Zip \$8.75 Additional 5. Certificate of Status Desired 33157 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BARRERO, FERNEY Street Address (P.O. Box Number is Not Acceptable) 1078 S.W. 188TH ST **BAY 23 MIAMI FL 33157** Zip Code FI 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. PD TITLE ☐ Delete TITLE Change Addition BARRERO, FERNEY NAME NAME 10878 S.W. 188TH ST BAY 23 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33157 CITY-ST-ZIP TITLE Delete TITLE ☐ Addition BARRERO, JORGE NAME NAME 10878 S.W. 188TH ST BAY 23 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33157** CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR