

2005 **FOR PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR) - ANNU**

**FILED**  
**Jan 10, 2005 8:00 am**  
**Secretary of State**

01-10-2005 90048 013 \*\*\*150.00

DOCUMENT # P00000064871

1. Entity Name

ALL WOOD CONCEPTS & DESIGNS, INC.



**DO NOT WRITE IN THIS SPACE**

20001100

2. Principal Place of Business

2570 N.W. 4th CT.

3. Mailing Address

2570 N.W. 4th CT.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

FORT LAUDERDALE, FL

City & State

FORT LAUDERDALE, FL

4. FEI Number

65-1021447

Applied For

Not Applicable

Zip

33311

Country

U.S.A.

Zip

33311

Country

U.S.A.

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name **ELLIOT J. BURAN**

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

2570 N.W. 4th CT.

City **FORT LAUDERDALE**

FL

Zip Code

33311

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE  
NAME

STREET ADDRESS  
CITY - ST - ZIP

PSTD  
BURAN, ELLIOT J.  
2570 N.W. 4th CT.  
FORT LAUDERDALE, FL 33311

TITLE  
NAME

STREET ADDRESS  
CITY - ST - ZIP

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IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)