

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 09, 2003 8:00 am
Secretary of State

01-09-2003 90097 038 ***158.75

DOCUMENT # P00000066757

1. Entity Name
MAVEC WOOD WORKS INC.



Principal Place of Business
**6760 N.E. 4TH AVENUE
MIAMI FL 33138**

Mailing Address
**6760 N.E. 4TH AVENUE
MIAMI FL 33138**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-1029325**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~BELTRAN, MIGUEL D~~ **Beltran, Miguel D**
~~7150 N.E. 186TH STREET~~ **17092 Collins Ave.**
~~MIAMI GARDENS FL 33150~~ **Sunny Isles, FL 33160**

Name **Miguel Beltran**
Street Address (P.O. Box Number is Not Acceptable)
17092 Collins Ave # C610
City **Sunny Isles** FL Zip Code **33160**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PVST	<input checked="" type="checkbox"/> Delete
NAME	BELTRAN, MIGUEL D	
STREET ADDRESS	7125 N.E. 186TH STREET	
CITY-ST-ZIP	MIAMI GARDENS FL 33150	
TITLE	BELTRAN, MIGUEL D	<input checked="" type="checkbox"/> Delete
NAME	BELTRAN, MIGUEL D	
STREET ADDRESS	7125 N.E. 186TH STREET	
CITY-ST-ZIP	MIAMI GARDENS FL 33150	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Beltran, Miguel D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Beltran, Miguel D	
STREET ADDRESS	17092 Collins Ave. C610	
CITY-ST-ZIP	Sunny Isles, FL. 33160	
TITLE	Beltran, Miguel D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Beltran, Miguel D	
STREET ADDRESS	17092 Collins Ave #C610	
CITY-ST-ZIP	Sunny Isles, FL. 33160	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)