2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR

P00000070360 DOCUMENT #

MYER'S PROFESSIONAL WOODWORKING, INC.

1. Entity Name



Principal Place of Business

Mailing Address

FILED May 19, 2003 8:00 am Secretary of State 05-19-2003 90231 049 ***150.00

. 4 . 6 11. 6.6 11. 161. 6.6 111	11 111 11 111 11 111	 AMBO AMAD DANA	1 BAL (201)

2763 N.W. 30TH AVE. LAUDERDALE LAKES FL 33311		2763 N.W. 30TH AVE. LAUDERDALE LAKES FL 33311												
2. Principal Place of Business		3. Mailing Address 9112 VINEYARD LAKEYDR			R	111	4 1		II 60 101 88	MI BUMI IB	EIL BBIOG LINLE	NICH NOUL HOUL		
Suite, Apt. #, etc.			Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES							
City & State			City & State PLANTATION FL				4. FEI Nu	mber 65-	10257	21		N	oplied For ot Applicable	
Zip /	į	Country	Zip	33324	Country			5. Certificate of Status Desired			d	S8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent						_Name			and Addres		<u>-</u> _			}
BOTHOL, MEIR 2763 N.W. 30TH AVE.					Street Address (P.O. Box Number is Not Acceptable)									
LAUDERDALE LAKES FL 33311					City						FL	Zip Cod	e	
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 o	or printed name of registered agent an	d title if appli	cable. (NOTE:	: Registered	Agent signatur	re required wh	en reinstating)			DATE		
		FEE IS \$150.00							Election C		Einano	ina		00-May Be-
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State								Trust Fund				—	d to Fees	
10.		OFFICERS AND D	IRECTO		11.				NS/CHANG					
NAME	P Botbol, 1 2763 N.W.	MEIR 30TH AVE.		Delete	TITLE NAME STREE	T ADDRESS	M 6 9112	21R LVIB	BO CYARD ION	TISOL	_ LN P	DR	☐ Change	☐ Addition
CITY-ST-ZIP	LAUDERDA	LE LAKES FL 33311		· · · · · · · · · · · · · · · · · · ·	CITY-	ST-ZIP	PLA	MTXT	ibn		FL		3332	4
NAME STREET ADDRESS CITY-ST-ZIP		٠		☐ Delete	TITLE NAME STREE	T ADDRESS							☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP		ું કરે		☐ Delete	NAME STREE	T ADDRESS							☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREE	T ADDRESS ST-ZIP							☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET CITY-S	T ADDRESS ST-ZIP					<u>.</u>		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			his Gra-	☐ Delete	TITLE NAME STREET	T ADDRESS ST-ZIP	31:00 :::		(0)(1) 51-41	- 00			☐ Change	Addition

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:

Date