

2001 UNIFORM BUSINESS\$ REPORT (UBR)

FILED

Mar 01, 2001 8:00 am
Secretary of State

03-01-2001 90016 015 ***150.00

DOCUMENT # P00000092624

1. Entity Name
FIREHOUSE FRAMING, INC.

Principal Place of Business
**9101 S.W. 29TH TERRACE
MIAMI FL 33165**

Mailing Address
**9101 S.W. 29TH TERRACE
MIAMI FL 33165**

2. Principal Place of Business
4601 SW 71 AVE
Suite, Apt. #, etc.

3. Mailing Address
4601 SW 71 AVE
Suite, Apt. #, etc.

City & State
Miami, FL
Zip
33155 Country
USA

City & State
Miami, FL
Zip
33155 Country
USA

4. FEI Number
25-1071698 Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CUNNINGHAM, JOHN J
9101 S.W. 29TH TERRACE
MIAMI FL 33165**

7. Name and Address of New Registered Agent

Name
John Cunningham
Street Address (P.O. Box Number is Not Acceptable)
4601 SW 71 AVE
City
Miami FL Zip Code
33155

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  **John Cunningham (President) 2-22-01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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	<input type="checkbox"/> Delete
President	John Cunningham	4601 SW 71 AV	Miami, FL 33155	<input type="checkbox"/>
Secretary	Barbara Cunningham	4601 S.W. 71 AV	Miami, FL 33155	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:  **John Cunningham**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-22-01 (305) 466-4455
Date Daytime Phone #

CR2E034 (10/00)