2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P01000018087 DOCUMENT

1. Entity Name

BRASMERICA WOODWORK CORPORATION



FILED Mar 03, 2003 8:00 am § Secretary of State

03-03-2003 90865 044 ***150.00

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME				1					
Subs. Apt. #. etc: City & State Country Zip Country Zip Country Zip Country S. Certificate of Status Degree S. Server Address of Current Registered Agent 7. Name and Address of Status Degree Fine Registered Agent CORREA, MRIAN NANTES 501 SW 83RD AVE MARGATE FL 33088 Street Address (PO. Sex Number is Not Acceptable) City & State City &	501 SW 63RD AVE		501 SW 63RD AVE						
Sides, Apt. #, efc: City & State City & State City & State Country Zip Country Zip Country Zip Country S. Certification of Stratus Desired S. Name and Address of Current Registered Agent Name Name CORREA, MRIAN NANTES 501 SW SRD AVE MARGATE FL. 33068 Site of Address of Current Registered Agent City & State Address of Current Registered Agent To Name and Address of New Registered Agent To Name and Addre									
City & State City & State of Florida. I am familiar with, and accept the childrance of ingrisened agent. City & FL City Code City City City City City City City City	2. Principal Place of Business		3. Mailing Address			- 1 10001001 111 00100 11011 001 1			
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Second S	City & State		City & State			4. FEI Number 65-40750			Applied For
S. Name and Address of Current Registered Agent 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Name Name Name Street Address (P.O. Box Number is Not Acceptable) Only FL Zip Code Only FL Code Only FL Zip Code Only FL Xip Code Only F	Zip	Country	Zip Co			00-49702			
CORPER MIRIAN NANTES SOTISM 63RD AVE MARGATE FL 3068 Street Address (P.O. Box Number is Not Acceptable)				, =====,		Fee Required			
CORPEA, MRIANN NANTES 501 SW 63RD AVE MARGATE FL 33068 City FL Zip Code 1. 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 arm familiar with, and accept the obligations of registered agent. SIGNATURE FILE NOWNIT FEE IS \$150.00 After May 1, 2003 Fee will be SS50.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE MARK 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 NAME 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 NAME 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 NAME 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 NAME 10. OFFICERS AND DIRECTORS 10. SINCE ANDRESS		6. Name and Address of Current	Registered Agent		NI	7. Name and Address of Ne	w Registered A	gent	
Stroot Address (P.O. Box Number is Not Acceptable)	CORREA	MIDIAN NANTES		ן ר	Name				
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. City FL Zip Code			Street Address		P.O. Box Number is Not Acceptable)				
8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature	MARGATE	FL 33068							
SIGNATURE Signature, system or printed name of registered agent and stell accordable. (NOTE Registered Apent Bignature recurred when relustating) DATE					City		FL	Zip Cod	de
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$50.00 May Be Added to Fees 10. OFFICERS AND DIRECTORS 11.1 TITLE NOW!! FEE IS \$150.00 Alter May 1, 2003 Fee will be \$50.00 May Be Added to Fees 10. OFFICERS AND DIRECTORS 11.1 TITLE DA SILVA, CELSO C DA SILVA, CELSO C SIRRET ADDRESS CITY-ST-2P DA SILVA, CELSO C SIRRET ADDRESS CITY-ST-2P DA SILVA, CELSO C DI SW 63RD AVE SIRRET ADDRESS CITY-ST-2P DA SILVA CELSO C SIRVE ADDRESS CITY-ST-2P DA SIRVE ADDRESS CITY-ST-2P DA SIRVE ADDRESS CITY-ST-2P DA SIRVE ADDRESS CITY-ST-2P DA SIRVE ADDRESS CITY-ST-2P CITY	8. The above the obliga	named entity submits this statement for tions of registered agent.	or the purpose of changing its	s registered o	office or registere	ed agent, or both, in the State of	f Florida. I am fa	I miliar with.	, and accept
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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 changed, or on an attackment with an address, with all other like empowered.

SIGNATURE:

Daytime Phone #