

# 2002 UNIFORM BUSINESS REPORT (UBR)

0067131 AV

DOCUMENT # P01000036929

1. Entity Name  
AMERICAN PRIDE CUSTOM CARPENTRY, INC.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 SEP 12 PM 12:06

Principal Place of Business  
10700 SW 108 AVE STE C-203  
MIAMI FL 33176

Mailing Address  
10700 SW 108 AVE STE C-203  
MIAMI FL 33176



2. Principal Place of Business  
**SAME**

3. Mailing Address  
**SAME**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Zip

Country

4. FEI Number  
**65-1123606**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
**KAMEN, CINDI**  
**10700 SW 108 AVE STE C-203**  
**MIAMI FL 33176**

7. Name and Address of New Registered Agent  
Name **CARL FUDGER**  
Street Address (P.O. Box Number is Not Acceptable) **10700 SW 108 AVE**  
**SUITE - C-203**  
City **MIAMI** FL **33176**

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 DATE **9.11.02**

Signature, typed or printed name of registered agent and title (applicable) (NOTE: Registered Agent signature required when reinstating)

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<b>D</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>FUDGER, CARL</b>		NAME		
STREET ADDRESS	<b>10700 SW 108 AVE STE C-203</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MIAMI FL 33176</b>		CITY-ST-ZIP	<b>N/A</b>	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>N/A</b>		NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP	<b>N/A</b>	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>N/A</b>		NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP	<b>N/A</b>	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>N/A</b>		NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP	<b>N/A</b>	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>N/A</b>		NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP	<b>N/A</b>	

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 another like empowered.

SIGNATURE: **9.11.02** **305-807-9869**

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date Daytime Phone #

CR2E034 (4/02)