4/10/(

FILED May 28, 2002 8:00 am Secretary of State

2002 Uniform Business Report (UBR)

1. Entity Na		# P0100 NERAL CARPENTRY	0073686 , inc.							1 41 y 02 90355			
Principal Place of Business 110 NE 152 ST. NORTH MIAM BEACH FL 33162			Mailing Address 110 NE 152 ST. NORTH MIAM BEACH FL 33162										
2. Principal	Place of Busi	ness	3. Mailing Address						inr				
Suite, Apt. #, etc.			Suite, Apt. #, etc.										
City & State			City & State				DO NOT WRITE IN THIS SPACE						_ /
						6	4. FEI Num D LL	<u>365</u>	40	88		oplied For ot Applicabl	le
Zip Country			Zip 	Coun	try	5. Certificate of Status Desired S8.75 Addition Fee Required						ditional ed]
	6. Name	and Address of Current Ro	egistered Agent	.2	Name.	7 =	7. Name ar	d Address	of New Res	ilstered Age			7
	Y, ESTOME		- <u></u>	Street A	ireal Address (P.O. Box Number i Nat Acceptable)							╡	
110 NE 152 ST. NORTH MIAM BEACH FL 33182					110	K/_E		220	9/	Stre	et	-	-
	•				12th C	cayr	1.0	Cow	lo so c	FL	Zip Cod	10,17	\dashv
8. The above	e named entity	y submits this statement for the	he purpose of changing its	registere	d office of	r registered	agent, or b	oth, in the Si	ate of Floric			1166	=
SIGNATURE													
A This see		or printed name of registered agent and				rite tedrifted with	en reinstabng)			DATE			
 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, 2002 Fee will be \$550.00 Make Check Payable to Department of Sta			50.00		lection Camp rust Fund Co		cing 🖂	\$5.0 Added	May Be	
11.	T	OFFICERS AND DI		12.			ADDITIONS	/CHANGES	TO OFFICE	RS AND DIR	ECTOR:	S IN 11	4
TITLE NAME	P DORCELY		Delete	TITLE]					Change	☐ Addition	(10/6
STREET ADDRESS CITY-ST-ZIP) 110 NE 15 NORTH M	52 ST. IAM BEACH FL 33162		STREE	T ADORESS ST-ZIP								CR2E034 (9/01
TITLE	VPT	FOTOLE	☐ Delete	TITLE		VP	17	1-0.	Lame	ene D	Change	Addition	SR2
NAME Street address	DORCELY, 110 NE 15	i2 \$T.		NAME STREE	T ADDRESS	DOY OU	cery	152	ndo	sheens, F	8		
CITY-ST-ZIP	NORTH M	AM BEACH FL 33162	☐ Delete	CITY-	ST-ZIP	13/S	CAY	re Co	arde	ns, F	<u>L3,</u>	3/62	1
NAME		<u></u>	U Delete	NAME		-	•			u	Change	☐ Addition	
STREET ADDRESS CITY: ST-ZIP				STREET Cary-5-11-	ADDRESS		La la la			<u> </u>	·		<u> </u>
TITLE NAME	[☐ Delete	TITLE							Change	Addition	
STREET ADDRESS City-St-Zip	l i			STREET	ADDRESS								}
TITLE			☐ Delete	TITLE	T-ZIP					<u> </u>	hange	Addition	}
NAME STREET ADORESS	,			NAME	ADDRESS .					_			
CITY-ST-ZIP				CITY-S						*·			1
IAME			☐ Delete	TITLE	}						hange	☐ Addition	
TREET ADDRESS CITY-ST-ZIP				STREET CITY-S	ADDRESS I-ZIP						`.		
of the corr	ocration or the	Information supplied with this or supplemental report is true receiver or trustee empower thment with an address, with	ed to execute this report of	the exemp y signatur is required	otion states e shall have d by Chap	ve the same ter <u>60</u> 7, Fip	e legal effec rida Statute	i), Florida Str t as if made s; and that n	under oath; Iy <u>narne ap</u> i	her certify the that I am an pears in Bloc	it the info officer o k 11 or E	ormation or director Block 12 if	
SIGNATI	URE: _	SIGNATURE AND TYPED OR PRINT	ED NAME OF SIGNING OFFICER O	DIRECTOR	-elli	1		1	46/	27_			