

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

05-29-2002 90739 001 \*\*\*150.00

P01000096053

**FILED**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 701000096053 ✓  
1. Entity Name  
MIAMI Woodwork, dnc

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|  |                       |  |                       |   |  |
|--|-----------------------|--|-----------------------|---|--|
| 2. Principal Place of Business<br><u>9455 NW 109 ST.</u><br>Subs. Apt. #, etc.<br><u>BAY 103 &amp; 104</u><br>City & State<br><u>MEDLEY, FL.</u> |                       | 3. Mailing Address<br><u>P.O. Box 160147</u><br>Subs. Apt. #, etc.<br><u>HIACLEAH, FL.</u><br>City & State<br><u>HIACLEAH, FL.</u> |                       | 4. FE# Number   | <input checked="" type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable |
| Zip<br><u>33178</u>  | Country<br><u>USA</u> | Zip<br><u>33016-0003</u>   | Country<br><u>USA</u> | 5. Certificate of Status Entered <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required |  |

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|   |                    |                          |
|---|--------------------|--------------------------|
| 7. Name and Address of Current Registered Agent                             |                    |                          |
| Name<br><u>HERMES C. BAUZA</u>  |                    |                          |
| Street Address (P.O. Box Number is Not Acceptable)<br><u>5231 W. 25 CT.</u> |                    |                          |
| City<br><u>HIACLEAH,</u>  | State<br><u>FL</u> | Zip Code<br><u>33016</u> |

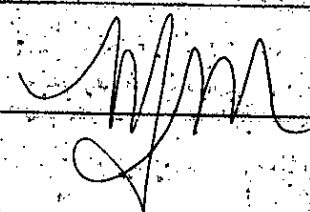
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  
SIGNATURE \_\_\_\_\_  
Signature typed or printed name of registered agent and date if applicable      DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so (See criteria on back)       **January 1 - May 1, Fee is \$150.00**  
**After May 1, Fee is \$350.00**  
**Amended UBR is \$61.25**  
**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<br><u>PRESIDENT</u>                    | NAME<br><u>HERMES C. BAUZA</u>                       | TITLE<br><u></u>          | NAME<br><u></u>           |
| STREET ADDRESS<br><u>5231 W. 25 CT</u>       | STREET ADDRESS<br><u>HIACLEAH, FL. 33106</u>         | STREET ADDRESS<br><u></u> | STREET ADDRESS<br><u></u> |
| CITY-STATE-ZIP<br><u>HIACLEAH, FL. 33106</u> | CITY-STATE-ZIP<br><u></u>                            | CITY-STATE-ZIP<br><u></u> | CITY-STATE-ZIP<br><u></u> |
| TITLE<br><u>VICE PRESIDENT</u>               | NAME<br><u>ERNESTO DURAN</u>                         | TITLE<br><u></u>          | NAME<br><u></u>           |
| STREET ADDRESS<br><u>12728 NW 102 CT</u>     | STREET ADDRESS<br><u>HIACLEAH GARDENS, FL. 33018</u> | STREET ADDRESS<br><u></u> | STREET ADDRESS<br><u></u> |
| CITY-STATE-ZIP<br><u>HIACLEAH, FL. 33018</u> | CITY-STATE-ZIP<br><u></u>                            | CITY-STATE-ZIP<br><u></u> | CITY-STATE-ZIP<br><u></u> |
| TITLE<br><u>SECRETARY/TREASURER</u>          | NAME<br><u>MARIA C. BAUZA</u>                        | TITLE<br><u></u>          | NAME<br><u></u>           |
| STREET ADDRESS<br><u>5231 W. 25 CT.</u>      | STREET ADDRESS<br><u>HIACLEAH, FL. 33016</u>         | STREET ADDRESS<br><u></u> | STREET ADDRESS<br><u></u> |
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| TITLE<br><u></u>                             | NAME<br><u></u>                                      | TITLE<br><u></u>          | NAME<br><u></u>           |
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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. 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 of this attachment with an address, with all other like empowered.

SIGNATURE: H. Bauza      5/22/2002  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CRZED034B (12/01)