

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000019496

1. Entity Name
FANCY WOOD DESIGN, INC.



FILED

03 JUL 23 AM 10:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1929 NW 22 ST
MIAMI FL 33142

Mailing Address
1929 NW 22 ST
MIAMI FL 33142



2. Principal Place of Business

2380-C D.W. 21 Ter.
Suite, Apt. #, etc.

3. Mailing Address

2380-C D.W. 21 Ter.
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

Miami FL

City & State

Miami FL

4. FEI Number

91-2028642

Applied For

Not Applicable

Zip

33142

Country

Miami-DADE

Zip

33142

Country

Miami-DADE

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SANTOS, DAVID
725 NW 33 AVE
MIAMI FL 33125

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! - FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
SANTOS, DAVID
725 NW 33 AVE
MIAMI FL 33125 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
400021789094
07/25/03--01061--002 **150.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VTSD
SANTOS, SALVADOR
725 NW 33 AVE
MIAMI FL 33125 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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☐ Change ☐ Addition

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☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/14/03 (305) 545 5211
Date Daytime Phone #

0046868
AV

CP2E034 (4/03)

Attachment #

FANCY WOOD DESIGN, INC
2880-C NW 21 TERRACE
MIAMI FL 33142
JULY 16, 2003

DOCUMENT # PO2000019496

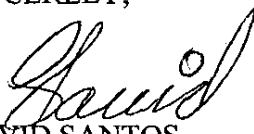
DIVISION OF CORPORATIONS
UNIFORM BUSINESS REPROT FILINGS
PO BOX 1500
TALLAHASSEE, FL 32302-1500

DEAR SIR OR MADAM:

WE SEND OUR PAYMENT IN TIME FOR \$150.00 IN FEBRUARY. THE CHECK WAS NEVER CASHED, INDICATING THAT THE PAYMENT MOST TO GOT LOST IN THE MAIL. WE REGRED TO SAY THAT WE NEVER NOTICE THAT THE CHECK NEVER GOT THROUGH THE BANK. WE HAVE NO WAY TO SHOW THAT THE PAYMENT WAS MADE OTHER THAT THE CHECK STUB.

WE ARE ASKING TO PLEASE WAVE THE PENALTY AND WE ARE ENCLOSING A CHECK FOR THE ORIGINAL AMOUNT. IF OUR PROPOSAL IS NOT ACCEPTED PLEASE LET US KNOW IN WRITING AND WE WILL COMPLY.

SINCERELY,


DAVID SANTOS