

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000020425

1. Entity Name

PCS WOODWORK COMPANY

FILED

04 MAR 17 PM 2:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | |
|----------------------------------|----------------------------------|
| Principal Place of Business | Mailing Address |
| 205 SE 10TH ST #E2 | 205 SE 10TH ST #E2 |
| DEERFIELD BEACH, FL 33441 | DEERFIELD BEACH, FL 33441 |

| | |
|--|---|
| 2. Principal Place of Business | 3. Mailing Address |
| 2707 NE 14TH ST | 2707 NE 14TH ST SUITE 402 |
| Suite Apt. #, etc. SUITE 402 | Suite. Apt. #, etc. SUITE 402 |

| | |
|--------------------------|--------------------------|
| City & State | City & State |
| POMPANO BEACH, FL | POMPANO BEACH, FL |
| Zip | Country |
| 33062 | BROWARD |

REINSTATEMENT

DO NOT WRITE IN THIS SPACE

| | |
|----------------------------------|---|
| 4. FEI Number | Applied For |
| 01-0691456 | <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| <input type="checkbox"/> | |

| | |
|---|--|
| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
| PAULO C SILVA | Name PAULO C SILVA |
| 205 SE 10TH ST #E2 | Street Address (P.O. Box Number is Not Acceptable) 2707 NE 14TH ST |
| DEERFIELD BEACH, FL 33441 | SUITE 402 |
| | City POMPANO BEACH, FL |
| | FL Zip Code 33062 |

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 _____ DATE **03/09/2004**

Signature, typed or printed name of registered agent and title if 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) <input type="checkbox"/> | FILE NOW! FEE IS \$150.00 After MAY 1, 2004 Fee will be \$550.00 Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|---|

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS /CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|----------------------------|------------------------------------|--|---|
| TITLE | PD <input type="checkbox"/> Delete | TITLE | PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PAULO C SILVA | NAME | PAULO C SILVA |
| STREET ADDRESS | 205 SE 10TH ST #E2 | STREET ADDRESS | 2707 NE 14TH ST SUITE 402 |
| CITY-ST-ZIP | DEERFIELD BEACH, FL 33441 | CITY-ST-ZIP | POMPANO BEACH, FL 33062 |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(1), 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 N changed or on an attachment with an address with all other like empowered.

SIGNATURE: _____ **Paulo C. Silva-President** **03/09/2004** **(954) 540-6770**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2004 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000020425

1. Entity Name

PCS WOODWORK COMPANY

Principal Place of Business

Mailing Address

**2707 NE 14TH ST SUITE 402
POMPANO BEACH, FL 33062**

**2707 NE 14TH ST SUITE 402
POMPANO BEACH, FL 33062**

2. Principal Place of Business

3. Mailing Address

Suite Apt. #, etc.

Suite Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

01-0691456

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PAULO C SILVA

2707 NE 14TH ST SUITE 402

POMPANO BEACH, FL 33062

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.

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(NOTE: Registered Agent signature required when reinstating)

03/09/2004

DATE

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 \$150.00
After MAY 1, 2004 Fee will be \$550.00
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 NAME STREET ADDRESS CITY-ST-ZIP | PD PAULO C SILVA 2707 NE 14TH ST SUITE 402 POMPANO BEACH, FL 33062 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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SIGNATURE:

Paulo C. Silva-President

03/09/2004

(954) 540-6770

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FLORIDA DEPARTMENT OF STATE
Division of Corporation
2003 Uniform Business Report (UBR)
P.O. BOX 6327
Tallahassee, FL 32314

Re: *Filing of Uniform Business Report 2003*
P02000020425
PCS WOODWORK COMPANY

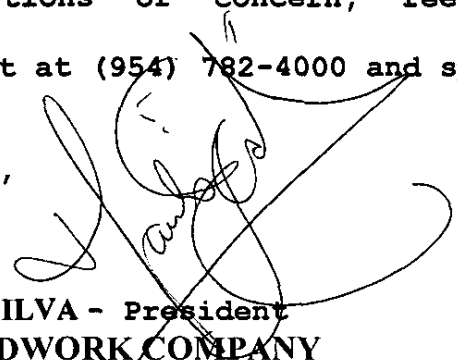
To Whom It May Concern:

This letter is to inform you that we have never received a
Uniform Business Report form in the mail.

We would like to request you that you forgive all extra
fees and penalties other than the primary of \$150.00 and
accept the filling of our attached UBR, which has been
prepared by our accountant.

Any questions or concern, feel free to contact our
accountant at (954) 782-4000 and speak to Mr. Breno Gomes.

Sincerely,



PAULO C. SILVA - President
PCS WOODWORK COMPANY
2707 NE 14TH Street Suite 402
Pompano Beach, FL 33062
Phone (954) 540-6770