## **FILED** Feb 24, 2003 8:00 am Secretary of State

02-24-2003 90196 024 \*\*\*150.00

## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR

**DOCUMENT #** 

P02000027542 1. Entity Name

FERWOOD, INC.



						MOD WE	1100			
1	ace of Busine	ss		ing Address						
16518 NE 26 AVE MIAMI FL 33160				16518 NE 26 AVE MIAMI FL 33160						
								A LEGALARY (AL ARGIR HEALY BANK) ARBITI ARGIT		Digi diare dia ida
2. Principal	Place of Bus	iness	13 M	ailing Addross						
			3. 1/10	3. Mailing Address				. 1981/1884 154 BS 598 11815 SOIM BREIL SOIM	DATE STATE STATE	METITO BY METON (LOS) (MAN)
Suite, Ap	ot. #, etc.		Su	Suite, Apt. #, etc.				U CHECK HEDE IE MA	PINO OLIANIC	250
City & Sta	ate	<del></del>	Cit	City & State				CHECK HERE IF MAKING CHANGES		
,							4	4. FEI Number 3620361 Applied For Not Applied For		
Zip -	Zip Country				Coun	Country		5. Certificate of Status Desired	CO 75	Additional
	6. Nam	e and Address of Curr	ent Register	ed Agent					'Fee Req	
						Name		. Name and Address of New Registe	red Agent	
	FERNANDO	)		Street Address			dross (BO	(P.O. Box Number is Not Acceptable)		
	E 26 AVE			Street Address (P.			uress (P.O.	. Box Number is Not Acceptable)		
Miami Fl	L 33160				ĺ					<u> </u>
					ļ	City			FL Zip C	Code
8. The above	e named entit	ty submits this statemer	nt for the purp	oose of changing its	s reaistere	d office or re	egistered :	agent, or both, in the State of Florida. I	om familier w	(th)
the obliga	ations of regis	tered agent.					-9.2.0.00	agoing or both, in the otate of Florida.	an ianilia w	iiii, and accept
SIGNATURE	8									
		or printed name of registered ag	gent and title if app	plicable. (NOT	TE: Registered	Agent signature	required when	n reinstating) D.	ATE	
		! FEE IS \$150.00	,					9. Election Campaign Financing		
After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State								Trust Fund Contribution.	_ ~~	5.00 May Be ded to Fees
10.	<del></del>					<del>-</del>		ADDITIONS/CHANGES TO OFFICERS	AND DIDECT	ODC IN 44
TITLE	P		<u>-</u>	☐ Delete	11.			ADDITIONO/OFFICERS	Chang	
NAME STREET ADDRESS		FERNANDO			NAME				LJ Silang	io
CITY-ST-ZIP	16518 NE MIAMI FL				STREET CITY-S	ADDRESS				
TITLE		33.00		☐ Delete	TITLE	01-217	<del></del>			
NAME				Delete	NAME				☐ Chang	e 🗌 Addition
STREET ADDRESS CITY-ST-ZIP						ADDRESS				
TITLE			مرب <u> تعنی</u> وخم		CITY S	T-ZIP	<u> </u>	<u> </u>		
NAME .				LJ Delete	TITLE	ĺ			Change	e 🔲 Addition
STREET ADDRESS					NAME STREET	ADDRESS				i
CITY-ST-ZIP					CITY-S					i i
TITLE				☐ Delete	TITLE				☐ Change	e 🔲 Addition
NAME STREET ADDRESS					NAME				[ cgc	, Droomsii
STREET ADDRESS City-St-Zip				. +	STREET CITY-S	ADDRESS				
TITLE			<del></del>	□ Dolote	<del></del>	1-217				
VAME	i			☐ Delete	TITLE				☐ Change	e 🗌 Addition
STREET ADDRESS				•		ADDRESS				į
CITY-ST-ZIP					CITY-S1	- ZIP				
TITLE NAME				☐ Delete	TITLE				☐ Change	Addition
STREET ADDRESS					NAME	ADDRESS		•		

12. I hereby certify that the information supplied with this filling 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 in the and acceptate 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

2-19-03

Daytime Phone #