

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91154 004 \*\*\*150.00

0267636 AV

**DOCUMENT # P02000047133**

1. Entity Name  
**WOOD AND THINGS IMPORT, INC.**



Principal Place of Business  
**7700 N KENDALL DRIVE #809**  
**MIAMI FL 33156**

Mailing Address  
**7700 N KENDALL DRIVE #809**  
**MIAMI FL 33156**

2. Principal Place of Business  
**10570 NW 27 ST.**

3. Mailing Address  
**10570 NW 27 ST.**

Suite, Apt. #, etc.  
**SUITE 103**

Suite, Apt. #, etc.  
**SUITE 103**

City & State  
**MIAMI, FLORIDA**

City & State  
**MIAMI, FLORIDA**

Zip  
**33172** Country  
**USA**

Zip  
**33172** Country  
**USA**

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **APPLIED FOR** ☒ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SALAZAR, GERMAN A**  
**7700 N KENDALL DRIVE #809**  
**MIAMI FL 33156**

7. Name and Address of New Registered Agent

Name **MARIA FERNANDEZ VAHE**

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

**10570 NW 27 ST., SUITE 103**

City **MIAMI** **FL** Zip Code **33172**

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 **MARIA FERNANDEZ VAHE** **4/14/1973**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSD** ☐ Delete  
NAME **GUIMARAES, ROSULINA P**  
STREET ADDRESS **7700 N KENDALL DRIVE #809**  
CITY-ST-ZIP **MIAMI FL 33156**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/14/03** **(305) 5979977**

Date

Daytime Phone #

CR2E034 (10/02)