2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 02, 2003 8:00 am
Secretary of State
05-05-2003 91399 034 ***150.00

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1. Entity Nan	MENT # P020(ne ED DESIGNS IN WOOD, IN	00061125 IC.				03-03-2003		† 1	30.00	
Principal Place of Business 3458 SW 15TH ST. DEERFIELD BCH FL 33442		Mailing Address 3458 SW 15TH ST. DEERFIELD BCH FL 33442								
2. Principal Place of Business		3. Mailing Address			- 	ili lil isi (11 4 51 11 16 1130). 1 6 13. 11 10) (
Suite, Apt. #, etc.		Sulte, Apt. #, etc.			1	CHECK HERE IF	MAKING CH	ANGES		
City & State		City & State			4. FEI Number 73 - 1646504 Applied For Not Applicable					7
Zip	Country	Zip Coun		ïry	5. Certificate of Status Desired			litional	1	
	6. Name and Address of Curren	Registered Agent			7. Name	and Address of New Reg				<u> </u>
URIBE, JO	ORGE M	-	•	Name			-4	 	<u> </u>] ⋅
3458 SW		Street Ad		Street Address (P,O. Box Nu -	mber is Not Acceptable)	·			
DEERFIEL	D BCH FL 33442	i]
ı	. AFF.	^		City		:	FL	Zip Code	9	1
8. The above	named entity submits this statement f	or the purpose of changing i	its recistere	d office or register	ed agent, or	both, in the State of Florid	a. I am famili	er with, (and accept	1
SIGNATURE	tions of registered agent	Tamo	Y)_			04/29	EO\	• _	_	
	Signature, typed or printed name of registeres agen	t and site it applicable. (NO	OTE: Registered	Agent signature required	when reinstating)	DATE		 _	
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00				9.	Election Campaign Finan Trust Fund Contribution.	cing	\$5.0f	O May Be to Fees	
Make Checi	x Payable to Florida Department of OFFICERS AND		11.		ADDITIO	NS/CHANGES TO OFFICE	DE AND DID	ECTOPS	: IN 11	-
TITLE	PV	☐ Delete	TITLE		ADDINO	NO/OFFICE		Change	☐ Addition	8
NAME STREET ADDRESS	URIBE, JORGE M 3458 SW 15TH ST.		NAME STREET ADDRESS							CR2E034 (10/02)
CITY-ST-ZIP	DEERFIELD BCH FL 33442		-	ST-ZIP					- Acabies	200
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CITY-ST-ZIP			CITY-S	ST-ZIP	·		···			
 I hereby of indicated of the corp changed. 	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustale emo or on an attachment with an address,	n this filing does not qualify list true and that accurate and that twered to execute this report that a tother like empowered	or the exem my signatu it as require	nption stated in Sec ire shall have the s and by Chapter 607,	ction 119.07 ame legal e Florida Stat	(3)(i), Florida Statutes, I fur flect as if made under oath utes; and that my name ap	ther certify the that I am an pears in Bloc	at the int officer o k 10 or l	formation or director Block 11 if	
SIGNAT	0.50	Hazol	शहरू	2_					ĺ	
IANIDIC	SIGNATURE AND TYPED DIS	PRINTED HAME OF SIGNING OFFICE	P OR DIRECTO	R		Date	Daytima P	hone #	 (