

2003 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2003 8:00 am
Secretary of State

05-07-2003 90162 006 ***150.00

90131695

DOCUMENT# P02000061166
 1. Entity Name
RANGELL & SON CARPENTRY, INC.

Principal Place of Business 340 SE 2ND AVENUE #D4 DEERFIELD BEACH FL 33441	Mailing Address 340 SE 2ND AVENUE #D4 DEERFIELD BEACH FL 33441
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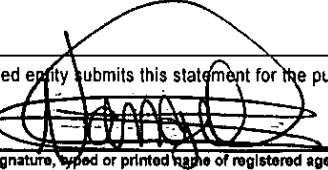
2. Principal Place of Business Suite Apt. #, etc.	3. Mailing Address Suite. Apt. #. etc.
City & State Zip	City & State Zip
Country	Country

4. FEI Number 04-3675590	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
**TAX HOUSE CORPORATION
 3929 N. FEDERAL HWY
 POMPANO BEACH FL 33064**

7. Name and Address of New Registered Agent
 Name **RANGEL, CESAR**
 Street Address (P O. Box Number is Not Acceptable)
340 SE 2ND AVENUE #D4
 City **DEERFIELD BEACH** FL Zip Code **33441**

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  **CESAR RANGEL** 05/01/03
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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, 2003 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
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11. OFFICERS AND DIRECTORS		12. ADDITIONS /CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RANGEL, CESAR 340 SE 2ND AVENUE #D4 DEERFIELD BEACH FL 33441 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  **CESAR RANGEL** 05/01/03 (954) 698-6945
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #