

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

03-25-2003 90069 035 ***150.00

DOCUMENT # P02000092352

1. Entity Name
B C ATLANTIC WOODWORKS INC.



Principal Place of Business
**7360 CORLA WAY STE 21
MIAMI FL 33155**

Mailing Address
**7360 CORLA WAY STE 21
MIAMI FL 33155**



2. Principal Place of Business
11235 SW 88 STREET

3. Mailing Address
11235 SW 88 STREET

Suite, Apt. #, etc.
APT# E107

Suite, Apt. #, etc.
APT#E107

City & State
MIAMI, FL 33176

City & State
MIAMI, FL 33176

Zip
33176

Country

Zip
33176

Country

4. FEI Number
32-0028494

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORONADO, NESTOR
7360 CORLA WAY STE 21
MIAMI FL 33155**

Name
CLAUDIO A. BARRUETO

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

11235 SW 88 STREET

City
MIAMI, FL Zip Code
33176

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

CLAUDIO A. BARRUETO

4-8-03

(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
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D CORONADO, NESTOR
7360 CORLA WAY STE 21
MIAMI FL 33155** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPVS CLAUDIO A. BARRUETO
11235 SW 88 STREET
MIAMI, FL 33176** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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

03/20/03

Date

Daytime Phone #

CR2E034 (10/02)