

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2003 8:00 am
Secretary of State

05-19-2003 90217 050 ***150.00

DOCUMENT # P02000093447

1. Entity Name
FINEST WOOD WORKS, INC.



Principal Place of Business
**1722 NW 21 ST
MIAMI FL 33142-7434**

Mailing Address
**1722 NW 21 ST
MIAMI FL 33142-7434**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

82-0561230

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**FROMETA, ISAI R
1722 NW 21 ST
MIAMI FL 33142-7434**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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.

(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

TITLE **P** ☐ Delete
NAME **FROMETA, ISAI R**
STREET ADDRESS **1722 NW 21 ST**
CITY-ST-ZIP **MIAMI FL 33142-7434**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Vice President** ☐ Change ☒ Addition
NAME **Josser Frometa**
STREET ADDRESS **2301 SW 2 Ave**
CITY-ST-ZIP **Miami FL 33129**

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

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

TITLE ☐ Change ☐ Addition
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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

5/19/03
Date

786-229-6005
Daytime Phone #

CR2E034 (10/02)

Attachment

80119601

DO2008093447

FINEST WOOD WORKS, INC.

3/10/03

Florida Department of State

To whom it may concern: We would like to apologize for the oversight and the late payment of our Corporation Payment. This is our first year in business and our office staff accidentally filed the Uniform Business Report for 2003 in a wrong file. On 3/8/03 I Isaac Frankel sent the package and called your office and was informed to send the ck with this letter and you might consider waiving the late fee. Please accept our deepest apology and we promise to take extra care next year.

Thank you very much for your understanding

Sincerely,
frank
Isaac Frankel