## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## P02000123200 **DOCUMENT #**



FILED
Mar 17, 2003 8:00 am
Secretary of State

Modern Prison of Business   Modern photoses   1870 SW 1861NT TERRACE	CARPENTRY HOUSES FRAMING, INC.							03-17-200	J3 90148 U	1/ ***15	0.00	
Suits, Apt. #, etc.   Apt.	18720 S.W. 31	STH TERRACE	18720	18720 S.W. 316TH TERRACE						1		
City & State    Country   Zip   Country   Zip   Country   S. Certificate of Status Dosford   S. Acadismos   Sent Address of Current Registered Agent   T. Name and Address of New Registered Agent   T. Name a	2. Principal Pl	ace of Business	3. Mailing Address					TO 1001/0800 131 080/10 110/11 00/11	BOIII BRIBI 11010		<b>                                    </b>	
Section   Sect	Suite, Apt.	#, etc.	Suite, Apt. #, etc.					☐ CHECK HER	RE IF MAKING	G CHANGES	3	
E. Name and Address of Current Registered Agent  TINOCO, ROBERTO 18720 S.W. 316TH TERRACE HOMESTEAD FL. 33030  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am *amiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am *amiliar with, and accept the obligations of registered agent. PL. 200 Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am *amiliar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am *amiliar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am *amiliar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am *amiliar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am *amiliar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am *amiliar with, and accept the control of the state of Florida. I am *amiliar with, and accept the Chipatron of registered agent. Or both, in the State of Florida. I am *amiliar with, and accept the Chipatron of registered agent. Or both, in the State of Florida. I am *amiliar with, and accept the Chipatron of registered agent. Or both, in the State of Florida. I am *amiliar with, and accept the Chipatron of registered agent. Or both, in the State of Florida. I am *amiliar with, and accept the Chipatron of registered agent. Or both, in the State of Florida. I am *amiliar with, and accept the Chipatron of registered agent. Or both, in the State of Florida. I am *amiliar with, and accept the Chipatron of registered agent. Or both, in the State of Florida. I am *amiliar with, and accept the Chipatron of registered agent. Or both, in the State of Florida. I am *amiliar with, and accept the Chipatron of registered agent. Or both, in the State of Florida. I am *a	City & State	3	City & State				<b>4.</b> F	C/2º-1559	808		1-1-	-
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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.