FILED
Jun 27, 2003 8:00 am
Secretary of State
04-21-2003 91221 022 ***150.00

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

4/21

DOCUMENT # P02000127282

1. Entity Name
ORT WOOD WORK INC

55049345

[redacted]

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 9821 NW 80 AVE	3. Mailing Address: 9821 NW 80 AVE
Suite, Apt. #, etc.: 5B & 5C	Suite, Apt. #, etc.: 5B & 5C
City & State: HIALEAH GARDENS FL	City & State: HIALEAH GARDENS FL
Zip: 33016 Country: MIAMI-DADE	Zip: 33016 Country: MIAMI-DADE

4. FEI Number: 43-1985692 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: OSCAR R. TORRES
Street Address (P.O. Box Number is Not Acceptable): 2925 W 80 th ST #218
City: HIALEAH FL Zip Code: 33018

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

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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/	TITLE	
NAME	OSCAR R. TORRES	NAME	
STREET ADDRESS	2925 W 80 th ST #218	STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33018	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Oscar R. Torres (PRES) 3-26-2003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

OSCAR R. TORRES

attachment 55049945
~~P02000127782~~ HIALEAH 15- JUNE /2003

TO WHOM THIS MAY CONCERN:

PLEASE BE ADVISE THAT

THE ADDRESS ON YOUR LETTER IS

INCORRECT AND WE DID NOT RECEIVE

THE LETTER TILL A FEW DAYS AGO.

I HAVE FILL IN THE REGISTERED AGENT'S

NAME AS PER YOUR REQUEST.

SINCERELY YOUR

Oscar R. Torres

OSCAR R. TORRES

PRESIDENT.