FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 15, 2002 8:00 am Secretary of State

UNIFORM BUSINESS REPORT (UBR)	Secretary of State
DOCUMENT #193000000000000000000000000000000000000	05-15-2002 90087 010 ***150.00
1. Entity Name CARPENTA	RY
Quality MINDED CARPENT	/
1 1 1 1 1 1 1	
DO NOT WOITE IN THE CO.	
DO NOT WRITE IN THIS SPACE	, ,
Principal Place of Business Address Mailing Address	
4840 NW10 TECH 4840NW 10th	Tec
Suite, Apt. #, etc. Suite, Apt. #, etc.	DO NOT WRITE IN THIS SPACE
City & State City & State	4. FEI Number Applied For
PORT AUDERDALE BY LAUDERDAL	4. FEI Number Applied For Not Applicable Not Applicable
33309 BROWARD 333309 BROWA	5. Certificate of Status Desired \$8.75 Additional
	7. Name and Address of Current Registered Agent
Name HA	RRY C UNGER
DO NOT WRITE Street A	ddress (P.O. Box Number is Not Acceptable)
IN THIS SPACE	40 NW JOHN LECT
City /	Zip Code
The above named entity submits this statement for the purpose of cheeping its cocion at 45	
The above named entity submits this statement for the purpose of changing its registered office or HARRY F. UNGS	Tegistered agent, or both, in the State of Florida.
IGNATURE	MAYIO
Tax filing requirement and elects to do so. After May 1, Fee is \$550.00	10. Election Campaign Financing \$5.00 May Be
(See criteria on back) Amended UBR is \$61.25 Make Check Payable to Department	Trust Fund Contribution. Added to Fees
1. OFFICERS AND DIRECTORS THE PRESIDENT	
THARRY F. UNGER NAME	
TY-ST-ZIF HARRY F. UNGER NAME 1840 NW. TO TUPE TO 33309 STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIF	
LE CITY-ST-ZIP	
NAME NAME	
STREET ADDRESS STREET ADDRESS Y-S1-ZIP	
C117-51-2(P	
ME NAME	
STREET ADDRESS STREET ADDRESS Y-SI-ZIP	DO NOT WRITE
G (17-51-2P)	
TITLE NAME	IN THIS SPACE
EET ADDRESS STREET ADDRESS (-ST-ZIP	
F CHY-SI-ZIP	
TITLE 1 NAME	
EET ADDRESS . STREET ADDRESS . STREET ADDRESS .	•
F	
THE NAME .	
EET ADDRESS STREET ADDRESS	
/-ST-ZIP CITY-ST-ZIP	
I hereby certify that the information supplied with this filing does not qualify for the exemption state indicated on this report or supplemental report is true and accurate and that my signature shall have of the corporation or the receiver or trustee empowered to execute this report as required by Charles	d in Section 119.07(3)(i). Florida Statutes, I further certify that the information we the same legal effect as if made under certify that the
of the corporation or the receiver or trustee empowered to execute this report as required by Cha	apter 607, Florida Statutes; and that my name appears in Block 11 or on an
CNATURE A 2/	RESIDENT 4/29/02 (954) 771 BYF. CINGER 4/29/02 (954) 5168
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	RYF. CINGER 15 2 5168