

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000021965

1. Entity Name

WOOD PERFECT INC.

Principal Place of Business

9436 NW 13 STREET
BAY 57
MIAMI FL 33172
US

Mailing Address

9436 NW 13 STREET
BAY 57
MIAMI FL 33172
US

2. Principal Place of Business

9436 NW 13 ST.
Suite, Apt. #, etc. BAY 57

3. Mailing Address

9436 NW 13 ST
Suite, Apt. #, etc. BAY 57

City & State

MIAMI - FL.

City & State

MIAMI - FL.

Zip

33072

Country

USA

Zip

33172

Country

USA

6. Name and Address of Current Registered Agent

FABRE, ERNESTO
9448 NW 13 ST
63
MIAMI FL 33172

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

03-20-01

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	CRUZ, GUILLERMO	
STREET ADDRESS	9448 NW 13 ST 63	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	FABRE, ERNESTO	
STREET ADDRESS	9448 NW 13 ST 63	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRUZ, GUILLERMO	
STREET ADDRESS	9436 NW 13 ST. 57	
CITY-ST-ZIP	MIAMI, FL 33172	
TITLE	DVP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FABRE, ERNESTO	
STREET ADDRESS	9436 NW 13 ST. 57	
CITY-ST-ZIP	MIAMI, FL 33172	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-05-01 305-594-338V

Date

Daytime Phone #

FILED
Mar 22, 2001 8:00 am
Secretary of State

03-22-2001 90019 008 ***150.00

00036744



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0498799

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

CR2E034 (10/00)