

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000080504

1. Entity Name

INTERNATIONAL LUMBER OF FLORIDA, INC.

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90399 050 ***150.00

0159949

Principal Place of Business

2100 SALZEDO ST.
#300
CORAL GABLES FL 33134

Mailing Address

2100 SALZEDO ST.
#300
CORAL GABLES FL 33134

C0056701



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0539611**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent:

ARAZOZA, COMAS D
2100 SALZEDO STREET, SUITE 300
CORAL GABLES FL 33134

Name

ARAZOZA & FERNANDEZ-FRAGA P.A.

Street Address

2100 SALZEDO STREET

SUITE 300

CORAL GABLES, FL. 33134

City

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

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 **PD** ☐ Delete
NAME **CASTILLO, PEDRO**
STREET ADDRESS **2100 SALZEDO STREET, SUITE 300**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **VPSD** ☐ Delete
NAME **BURGOS, RICARDO**
STREET ADDRESS **2100 SALZEDO STREET, SUITE 300**
CITY-ST-ZIP **CORAL GABLES FL 33134**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)