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2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Mar 26, 2001 8:00 am DOCUMENT # **P95000021905** Secretary of State WOODTEK CARPENTRY INC. 03-26-2001 90073 026 ***150.00 Principal Place of Business Mailing Address 6330 S.W. 25TH STREET 6330 S.W. 25TH STREET MIAMI FL 33155 MIAMI FL 33155 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0571547 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **GOMEZ, ENRIQUE** Street Address (P.O. Box Number is Not Acceptable) 6330 S.W. 25TH STREET **MIAMI FL 33155** 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Addition TITLE Delete ☐ Change TITLE GOMEZ, ENRIQUE NAME NAME STREET ADDRESS STREET ADDRESS 6330 S.W. 25TH STREET CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33155** ☐ Addition TITLE ☐ Delete TITLE Change STANHAM-GOMEZ, MARIA V NAME NAME STREET ADDRESS 6330 S.W. 25TH STREET STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **MIAMI FL 33155** ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME_ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 true ee 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 a 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 true ee 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 a statute of the corporation of the co