

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000056677

1. Entity Name

BAJA MILLWORKS, INC.

**FILED**  
**Feb 15, 2001 8:00 am**  
**Secretary of State**

02-15-2001 90028 044 \*\*\*150.00

018592

|  |  |
|--|--|
| Principal Place of Business<br>3685 NW 79TH STREET<br>MIAMI FL 33147 | Mailing Address<br>3685 NW 79TH STREET<br>MIAMI FL 33147 |
|--|--|

00017357



DO NOT WRITE IN THIS SPACE

|   |   |
|---|---|
| 2. Principal Place of Business<br>3685 NW 76 St.<br>Suite, Apt. #, etc. | 3. Mailing Address<br>3685 NW 76th St.<br>Suite, Apt. #, etc. |
|---|---|

|                                 |                                 |
|---------------------------------|---------------------------------|
| City & State<br>MIAMI, FL 33147 | City & State<br>MIAMI, FL 33147 |
| Zip<br>33147                    | Zip<br>33147                    |
| Country                         | Country                         |

|  |  |
|--|--|
| 4. FEI Number<br>65-0595668  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |  |

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|--|
| 6. Name and Address of Current Registered Agent<br>ROJO, ASCENCION<br>9732 HAMMOCKS BLVD, #202<br>MIAMI FL 33196 |
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|--|
| 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |
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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 A. Rojo Ascencion Rojo  
Signature (Typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

2-12-01  
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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DPTS<br>ROJO, ASCENCION<br>9732 HAMMOCKS BLVD #202<br>MIAMI FL 33196 <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | DPTS<br>Ascencion Rojo<br>7944 SW 146 St.<br>MIAMI, FL 33183 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |

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: A. Rojo Ascencion Rojo  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-12-01  
Date

305/694-9424  
Daytime Phone #

CR2E034 (10/00)