

DOCUMENT # P95000064568

1. Entity Name

YOUR WAY CARPENTRY, INC.

Principal Place of Business

Mailing Address

3831 SW 138 COURT
MIAMI FL 33175

3831 SW 138 COURT
MIAMI FL 33175-6482

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

VAZQUEZ, LISARDO E
3831 SW 138 COURT
MIAMI FL 33175

Name

Street Address ()

City

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required)

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State

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11. OFFICERS AND DIRECTORS

12.

TITLE	P	<input type="checkbox"/> Delete	TITLE	
NAME	VAZQUEZ, LISARDO E		NAME	
STREET ADDRESS	3831 SW 138 COURT		STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33175		CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	
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TITLE		<input type="checkbox"/> Delete	TITLE	
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CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	
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 607.1 of the Florida Statutes, and that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same effect as if the officer or the receiver or trustee empowered to execute this report as required by Chapter 607, F.S., had changed, or on an attachment with an address, with all other like empowered.

Daytime Phone #

CR2E034 (9/99)