2001 UNIFORM BUSINESS REPORT (UBR)

Aug 01, 2001 8:00 am Secretary of State **DOCUMENT #** P95000064568 1. Entity Name 08-01-2001 90195 041 ***150.00 YOUR WAY CARPENTRY, INC. Principal Place of Business Mailing Address 3831 SW 138 COURT 3831 SW 138 COURT MIANI FL 33175 MIAMI FL 33175 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0607589 Not Applicable Zip \$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 VAZQUEZ. LISARDO E Street Address (P.O. Box Number is Not Acceptable) 3831 SW 138 COURT **MIAMI FL 33175** 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 \$550.00 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 September 12, 2001 Fee will be \$750.00 Trust Fund Contribution: \square -Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. (5/01)TITLE Addition ☐ Delete TITLE ☐ Change VAZQUEZ, LISARDO E NAME NAME **CR2E034** STREET ADDRESS 3831 SW 138 COURT STREET ADDRESS CITY-ST-ZIP MIAMI FL 33175 CITY-ST-ZIP TITLE ☐ Delete Addition THE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Addition NAME NAME_ STREET ADDRESS STREET ADDRESS CITY - ST - 7IP CITY-ST-74P ☐ Change ☐ Addition TITLE Oefete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE . STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition 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 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 path; that I am an officer or director of the corporation or the receipter 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 the property of the path of t changed, or on an attachmen vith an address, with all other like empowered. ee required

FILED

Otta Allinent O# P95 GOWLO 4568

YOUR WAY CARPENTRY A 607360 80061410

CUSTOM MILLWORK

FINISH CARPENTRY

CC#96BS00035 14401 S.W. 114 ST. MIAMI, FL 33186 PHONE: (305)-965-5900 BP. (305)-706-7700

To whom it may concern	
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