## FILED 2000 UNIFORM BUSINESS REPORT (UBR) Feb 14, 2000 8:00 am Secretary of State DOCUMENT # P9600000723 BYRD CERAMIC WAREHOUSING, INC. 02-14-2000 90051 035 \*\*\*150.00 Mailing Address Principal Place of Business 7342 S.W. 48TH ST. 7342 S.W. 48TH ST. **BAY 103** 712366 **BAY 103** MIAMI FL 33155-5522 MIAMI FL 33155 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0629948 Not Applicable \$8.75 Additional Country Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BYRD, ROBERT Street Address (P.O. Box Number is Not Acceptable) 7342 S.W. 48TH STREET **BAY 103 MIAMI FL 33155** Zip Code FL 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 \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Change TITLE Delete TITLE NAME BYRD, BARBARA NAME STREET ADDRESS 7342 S.W. 48TH ST. #103 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33155** ☐ Change □ Addition TITLE ☐ Delete NAME BYRD, JAMES NAME STREET ADDRESS STREET ADDRESS 7342 S.W. 48TH ST. #103 CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33155** ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME BYRD, ROBERT NAME STREET ADDRESS STREET ADDRESS 7342 S.W. 48TH ST. #103 CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33155** ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME

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.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

Daytime Phone #

☐ Change

☐ Addition