

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2002 8:00 am
Secretary of State
 02-15-2002 90008 004 ***150.00

DOCUMENT # P96000000723

1. Entity Name
BYRD CERAMIC WAREHOUSING, INC.

Principal Place of Business

7342 S.W. 48TH ST.
BAY 103
MIAMI FL 33155

Mailing Address

7342 S.W. 48TH ST.
BAY 103
MIAMI FL 33155

2. Principal Place of Business

14720 SW 83 Place

3. Mailing Address

14720 SW 83 Place

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami FL

Zip **33158**

Country **Miami Dade**

Zip **33158**

Country **Miami Dade**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BYRD, ROBERT
7342 S.W. 48TH STREET
BAY 103
MIAMI FL 33155

Name

Street Address (P.O. Box Number is Not Acceptable)

14720 SW 83 Place

City

Miami

FL

Zip Code

33158

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)

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	BYRD, BARBARA	
STREET ADDRESS	7342 S.W. 48TH ST. #103	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	D	<input type="checkbox"/> Delete
NAME	BYRD, JAMES	
STREET ADDRESS	7342 S.W. 48TH ST. #103	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	D	<input type="checkbox"/> Delete
NAME	BYRD, ROBERT	
STREET ADDRESS	7342 S.W. 48TH ST. #103	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(305) 971-7944

CR2E034 (9/01)