

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2002 8:00 am
Secretary of State

03-22-2002 90046 024 ***150.00

DOCUMENT # P96000091444

1. Entity Name

R.C.R. WOOD BOX AND MOLD CORPORATION INC.

Principal Place of Business

**13135 S.W. 122 AVENUE
 MIAM FL 33186**

Mailing Address

**13135 S.W. 122 AVENUE
 MIAM FL 33186**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0739773

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**GARCIA, RAUL
 3470 SW 99 AVE
 MIAMI FL 33165**

7. Name and Address of New Registered Agent

Name

Carlos Lopez

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

3551 W 72 ST.

City

Miami

FL

Zip Code

33018

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

CARLOS LOPEZ

(NOTE: Registered Agent signature required when reinstating)

1/16/2002
 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

TITLE **PD** ☒ Delete
 NAME **GARCIA, RAUL**
 STREET ADDRESS **3470 SW 99 AVE-**
 CITY-ST-ZIP **MIAMI-FL 33165**

TITLE **VD** ☐ Delete
 NAME **LOPEZ, CARLOS**
 STREET ADDRESS **3551 W 72ND ST**
 CITY-ST-ZIP **MIAMI FL 33018**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **P/N/D** ☒ Change ☐ Addition
 NAME **Lopez, Carlos**
 STREET ADDRESS **3551 W 72 ST.**
 CITY-ST-ZIP **Miami, FL 33018**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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]
SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Carlos Lopez
President

1/16/2002
 Date

305-259-6003
 Daytime Phone #

CR2E034 (9/01)