

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 24, 2002 8:00 am**  
**Secretary of State**

05-24-2002 90557 050 \*\*\*150.00

**DOCUMENT # P97000023611**

1. Entity Name

**TARGET WOODWORKS, INC.**

Principal Place of Business

**705 E 10TH AVENUE  
HIALEAH FL 33010  
US**

Mailing Address

**705 E 10TH AVENUE  
HIALEAH FL 33010  
US**

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

**65-0750016**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LEXIS DOCUMENT SERVICES INC.  
3953 W.W. KELLEY ROAD  
TALLAHASSEE FL 32311**

Name

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

City

**FL**

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)

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  
NAME **ST FINKELSTEIN, JEFFREY E** ☐ Delete  
STREET ADDRESS **705 EAST 10TH AVENUE**  
CITY-ST-ZIP **HIALEAH FL 33010**

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

TITLE  
NAME **D SULLIVAN, MARK E** ☐ Delete  
STREET ADDRESS **30 ROWES WHARF, STE. 300**  
CITY-ST-ZIP **BOSTON MA 02109**

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

TITLE  
NAME **D PARKER, T. BROOK** ☐ Delete  
STREET ADDRESS **30 ROWES WHARF, STE. 300**  
CITY-ST-ZIP **BOSTON MA 02109**

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

TITLE  
NAME **VP LOPEZ, LEO** ☒ Delete  
STREET ADDRESS **705 EAST 10TH AVENUE**  
CITY-ST-ZIP **HIALEAH FL 33010**

TITLE ☐ Change ☒ Addition  
NAME **Don Turner**  
STREET ADDRESS **VP Engineering**  
CITY-ST-ZIP **705 East 10th Ave Hialeah FL 33010**

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **Marfin West**  
STREET ADDRESS **Controller**  
CITY-ST-ZIP **705 East 10 Ave Hialeah, FL 33010**

TITLE  
NAME ☐ Delete  
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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/30/01**

**305-888-4000**

Date

Daytime Phone #

CR2E034 (9/01)