2002	UNIFORM BUSI		RTŢUBR)	7	FILED Jun 10, 2002 8:00 an Secretary of State
		087851			05-15-2002 90167 037 ***150.00
1. Entity Name O.J. WOO	D FINISHING, INC.		,		10 10 2002 9 010 1 10 0100
Principal Place 8717 NW 117 HIALEAH GARC		Mailing Address 8717 NW 117 STREET HIALEAH GARDENS FL 33	018	-	92332
2. Principal Pl	ace of Business	3. Mailing Address	!	-	i 1484/1889 jilk ilotik kodisi dodisi dodisi dodisi berde ibish inder jeket ostas side kodi
Suite, Apt. #, etc.		Suite, Apt. #, etc.		<u> </u>	DO NOT WRITE IN THIS SPACE
City & State)	City & State		4. F	FEI Number 65-0800473 Applied For Not Applicable
Zip	Country	Zip .	Country	1 -	Certificate of Status Desired S8.75 Additional Fee Required
	6. Name and Address of Current Re	gistered Agent	Nerne	7. N	Name and Address of New Registered Agent
SARAVIA, JOSE ORLANDO 8897 NW 108 LN HIALEAH GARDENS FL 33018			Street Address	(P.O. B	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 typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent displature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible 2 Tax filing requirement and elects to do so. (See criteria on back) Make Check Payable to Department of State					
11.	OFFICERS AND D	<u> </u>	12.		DDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDST SARAVIA, JOSE ORLANDO 8897 NW 108 LN HIALEAH GARDENS FL 33018	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition (5)
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS		☐ Change ☐ Addition ☐
CITY-ST-ZIP			CITY-ST-ZIP:		Change Addition
= NAME		Dole's .	NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delate	TITLE NAME : STREET ADDRESS CITY-ST-ZIP	_	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		. Change Addition
indicated	don this report or supplemental report is reportation or the receiver or trustee empore, or on an attachment with an address, w	rue and accurate and that vered to execute this report	my signature shall have ti t as required by Chapter (Section le same i07, Flor	119.07(3)(i), Florida Statutes. I further certify that the information elegal effect as if made under cath; that I am an officer or director rida Statutes; and that my name appears in Block 11 or Block 12 if
JUIGHT	SIGNATURE AND TYPED OR PR	INTED TO ME OF SIGNING OFFICER	OR DIRECTOR		Date Daytime Phone #