

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000094432

1. Entity Name

INTERNATIONAL HARDWOODS CO.

FILED

Jun 16, 2000 8:00 am
Secretary of State

06-16-2000 90112 001 ***550.00

Principal Place of Business

225 SEABREEZE AVE
% DEGNAN, DONALD
PALM BEACH FL 33480
US

Mailing Address

225 SEABREEZE AVE
% DEGNAN, DONALD
PALM BEACH FL 33480-6130
US

2. Principal Place of Business

130 Sunrise Avenue

3. Mailing Address

130 Sunrise Avenue

Suite, Apt. #, etc.

205

Suite, Apt. #, etc.

205

City & State

Palm Beach, FL

City & State

Palm Beach, FL

4. FEI Number

65-0826209

Applied For

Not Applicable

Zip

33480

Country

USA

Zip

33480

Country

USA

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

MIRKIN, MARK H
%MIRKIN & WOLF, P A
1700 PALM BEACH LAKES BLVD #580
WEST PALM BEACH FL 33401

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)

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FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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	P	<input checked="" type="checkbox"/> Delete
NAME	DEGNAN, DONALD	
STREET ADDRESS	225 SEABREEZE AVE	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	DEGNAN, CONCHITA	
STREET ADDRESS	225 SEABREEZE AVE	
CITY-ST-ZIP	PALM BEACH FL 33480	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEGNAN, CONCHITA	
STREET ADDRESS	130 SUNRISE AVENUE APT. 205	
CITY-ST-ZIP	PALM BEACH, FL 33480	
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:

Conchita Degnan 6/12/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

561-655-6065

Daytime Phone #

CR2E034 (9/99)