

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000007559

Entity Name

ALMAR MILLWORK INSTALLATIONS, INC.

FILED

Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90089 020 ***150.00

Principal Place of Business	Mailing Address
NW 203RD AVE PINES FL 33029	9720 PINES BLVD PEMBROKE PINES FL 33024-6228

Principal Place of Business	3. Mailing Address
100 SW 117TH TERRACE Suite, Apt. #, etc. 108	Suite, Apt. #, etc.
City & State	City & State
PEMBROKE PINES FL	
Zip	Country
33025	



DO NOT WRITE IN THIS SPACE

4. FEI Number	65-0810661	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
LEON, ALBERT R 930 NW 203RD AVE 100 SW 117TH TER # 108 PEMBROKE PINES FL 33025

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL
Zip Code

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 signature required when reinstating)	DATE
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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, 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**

OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
PTSD LEON, ALBERT R 930 NW 203RD AVE PEMBROKE PINES FL 33029 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 100 SW 117TH TERRACE # 108 PEMBROKE PINES, FL 33025 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
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<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition

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	ALBERT R. LEON	2/17/00	954-438-9090
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

CR2E034 (9/99)