

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000019658

1. Entity Name

ALEX K STAIRS & WOODSHOP, INC.

FILED

Feb 19, 2001 8:00 am  
Secretary of State

02-19-2001 90258 013 \*\*\*150.00

Principal Place of Business

2060 S.W. 71STREET UE10  
DAVIE FL 33317

Mailing Address

5501 S.W. 44TH TERRACE  
FT LAUDERDALE FL 33314

2. Principal Place of Business

2060 SW 71 terrace

3. Mailing Address

Suite, Apt. #, etc.

E-6

City & State

DAVIE

Zip

33317

Country

FLORIDA

6. Name and Address of Current Registered Agent

KIRA, ALEXANDRU

8801 S.W. 44TH TERRACE  
FT LAUDERDALE FL 33314

7. Name and Address of New Registered Agent

Name

KIRA ALEXANDRU

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

5501 SW 44 terrace

City

Ft. Lauderdale

FL

Zip Code

33314

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, 2001 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 PSTD  
NAME KIRA, ALEXANDRU  
STREET ADDRESS 5501 S.W. 44TH TERRACE  
CITY-ST-ZIP FT LAUDERDALE FL 33314 ☐ Delete

TITLE VP  
NAME KIRA, MARIANA  
STREET ADDRESS 5501 SW 44TH Terrace  
CITY-ST-ZIP FORT LAUDERDALE FL 33314 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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:

Mariana Kira

MARIANA KIRA Vicepr.

02-15-01

954/236 0072

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)