2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # P98000049917 Apr 28, 2000 8:00 am Secretary of State 1. Entity Name STEPHAN BURGER WOODWORKS, INC. 04-28-2000 90056 023 ***150.00 Principal Place of Business Mailing Address 2400 SW 27TH LANE 2400 SW 27TH LANE MIAMI FL 33133 MIAMI FL 33133-3111 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 65-0843948 Not Applicable \$8.75 Additional Zip Country_ Country 5. Certificate of Status Desired -Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name **BURGER, STEPHANUS** Street Address (P.O. Box Number is Not Acceptable) 2400 SW 27TH LANE **MIAMI FL 33133** City Zip Code ntity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above nar-STEPHANUS SIGNATURE (NOTE: Registered Agent signature required when reinstating) on is engible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 This corpora 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change Addition TITLE ☐ Delete TITLE **BURGER. STEPHANUS** NAME NAME STREET ADDRESS 2400 SW 27TH LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33133** ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7(P Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 region or the region of the 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 attach in the with an address, with all other like empowered.