

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 04, 2001 8:00 am**  
**Secretary of State**  
 04-04-2001 90099 036 \*\*\*150.00

0127808

**DOCUMENT # P98000061554**

1. Entity Name

**WOODSTARS TRIM, INC.**

Principal Place of Business

**2840 NORTHEAST 9TH TERRACE  
 POMPANO BEACH FL 33064**

Mailing Address

**2840 NORTHEAST 9TH TERRACE  
 POMPANO BEACH FL 33064**

2. Principal Place of Business

**71 SE 10 ST**  
 Suite, Apt. #, etc.

3. Mailing Address

**71 SE 10 ST**  
 Suite, Apt. #, etc.

City, State  
**DEERFIELD BEACH FL**

City, State  
**DEERFIELD BEACH FL**

Zip  
**33441**

Country

Zip  
**33441**

Country

4. FEI Number **65-0852676**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**GAMES, FRANCELINA  
 2840 NE 9 TERR  
 POMPANO BEACH FL 33064**

7. Name and Address of New Registered Agent

Name

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

City

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) ☐

**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 **PD** ☐ Delete  
 NAME **GAMES, FRANCELINA**  
 STREET ADDRESS **2840 NORTHEAST 9TH TERRACE**  
 CITY-ST-ZIP **POMPANO BEACH FL 33064**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
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TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)