Daytime Phone #

## **2001 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

## FILED Feb 27, 2001 8:00 am Secretary of State DOCUMENT # P98000066709 4 J & R WOODWORKINGS, INC. 02-27-2001 90299 036 \*\*\*150.00 Principal Place of Business Mailing Address 100 NORTHWEST 48TH COURT 100 NORTHWEST 48TH COURT MIAMI FL 33126 MIAMI FL 33126 2. Principal Place of Business 3. Mailing Address S.W. 113 LN 2703 5,60, 113LN 12703 Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0853073 Florida Not Applicable <sup>Zip</sup>3186 \$8.75 Additional 5. Certificate of Status Desired 3186 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DIAZ, JOSE R Street Address (P.O. Box Number is Not Acceptable) 100 NW 48 CT MIAMI FL 33126 Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PD TITLE ☐ Delete TITLE ☐ Addition NAME DIAZ. JOSE R NAME STREET ADDRESS 100 NORTHWEST 48TH COURT STREET ADDRESS CITY-ST-ZIP MIAMI FL 33126 CITY-ST-7IP STD Delete TITLE ☐ Change ☐ Addition DIAZ, RAMON B NAME STREET ADDRESS 100 NORTHWEST 48TH COURT STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33126** CITY-ST-7/P -TITLE ☐ Addition Delete. TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 receive or trustee empoyered 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.

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR