

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 09, 2003 8:00 am
Secretary of State

07-09-2003 90042 024 ***550.00

0399139 AV

DOCUMENT # P98000067555

1. Entity Name

WOODWORKERS INTERNATIONAL, INC.



Principal Place of Business

**4040 N.W. 1ST AVENUE
BOCA RATON FL 33431**

Mailing Address

**4040 N.W. 1ST AVENUE
BOCA RATON FL 33431**

2. Principal Place of Business

4040 N.W. 1st Ave

Suite, Apt. #, etc.

3. Mailing Address

4040 N.W. 1st Ave

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

Boca Raton, FL

City & State

Boca Raton, FL

4. FEI Number

65-0855191

Applied For

Not Applicable

Zip

33431

Country

Palm Beach

Zip

33431

Country

Palm Beach

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**TRUCCHIO, FRANK
4040 N.W. 1ST AVENUE
BOCA RATON FL 33431**

7. Name and Address of New Registered Agent

Name

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

City

FL

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. I am familiar with, and accept the obligations of registered agent.

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

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

| | | |
|----------------|----------------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | TRUCCHIO, FRANK | |
| STREET ADDRESS | 16335 SW 103 ST | |
| CITY-ST-ZIP | MIAMI FL 33196 | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | GARCIA, SERGIO | |
| STREET ADDRESS | 18937 CLOUDLARE CIR | |
| CITY-ST-ZIP | BOCA RATON FL 33496 | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | TRUCCHIO, FRANK | |
| STREET ADDRESS | 16335 SW 103 STREET | |
| CITY-ST-ZIP | MIAMI FL 33196 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Frank Trucchio FRANK TRUCCHIO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/03 561 347 7122

DATE

Daytime Phone #

CR2E034 (10/02)