

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

03 MAR 12 AM 6:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000098061

1. Entity Name

Phoenix Door Company Inc



DO NOT WRITE IN THIS SPACE

✂

2003 UBR

2. Principal Place of Business
16531 SW 68 terrace

Suite, Apt. #, etc.

City & State
Miami Florida

Zip
33193

Country
USA

3. Mailing Address
Same Please change

Suite, Apt. #, etc.

address to the New
City & State 16531 SW 68 terr
One, Miami FL 33193.

Zip

Country

4. FEI Number 65 087 5707

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name Wilson Vargas

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

16531 sw 68 terrace

City Miami

FL

Zip Code
33193

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IN THIS SPACE

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

01-30-03.

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 President
NAME Wilson Vargas
STREET ADDRESS 16531 SW 68 terrace
CITY-ST-ZIP Miami FL 33193

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-30-03 3052196202.

Date

Daytime Phone #

CR3E03-1B (12/02)