2001 UNIFORM BUSINESS REPORT (UBR) P9900009374 FILED DÓCUMENT# SECRETARY OF STAT TALLAHASSEE, FLORIDA G.E. WOODWORKS, INC. DIAUG-I AMII: 43 Principal Place of Business Mailing Address 3. Mailing Address 86706W Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State El Number Applied For 1am1 MIQHI Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LA CONCEPCION, JORBE Name SW 149 Ave, # 110 Street Address (P.O. Box Number is Not Acceptable) R 33193 Miami 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001. 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Change Addition TITLE TITLE ☐ Delete PEREZ, ERNESTO NAME NAME 8670 SW 149 AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MamifL 33193 CITY-ST-ZIP Change Addition Delete TITLE TITLE DE LA CONCAPCIÓN, JORGE 8670 SU 149 NE #110 NAME 800004523698 -08/08/01--01020--NAME STREET ADDRESS STREET ADDRESS -015 33/93 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete HILE THILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ■ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CHY-SI-ZIP Addition Change Delete HILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-SI-7P 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:



## G.E. WOODWORKS, INC. 8670 SW 149 Ave., # 110 Miami, Fl 33193

July 27, 2001

To: Florida Department of State
Secretary Of State
Division of Corporations
Annual Report Section
P. O.Box 1500
Tallahassee, Fl 32302-1500

Ref: Document # P99000009374

Dear Sir or Madame:

Due to the fact that I am a new business owner, the corporate annual report in question was not submitted because of negligence or responsibility on my behalf, but rather for not being properly assessed by my accountant and because We have moved to another location de report were not received, in view of this circumstance, I kindly request consideration in the waiving of penalties with the assurance that this oversight will never happen again.

Once again your consideration of this matter is greatly appreciated. Please feel free to contact me at (305)807-5501, should you have any question.

Sincerely,

Ernesto Perez

President