03 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P99000009374

FILED

03 MAY 30 PM 2:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
55043007

DOCUMENT # P99000009374

Entity Name

GE Woodworks, Inc.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	3. Mailing Address	DO NOT WRITE IN THIS SPACE
9332 SW 155 Ave		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State: Miami, FL	City & State	4. FEI Number: 65-0887165 ☐ Applied For ☐ Not Applicable
Zip: 33196 Country: USA	Zip / Country	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Perez, Ernesto

Street Address (P.O. Box Number Is Not Acceptable): 9332 SW 155 Ave

City: Miami FL Zip Code: 33196

6. 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 _____ DATE: 4-29-03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee Is $150.00
After May 1 Fee Is $550.00
Amended UBR Is $61.25
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Perez, Ernesto 9332 SW 155 Ave Miami FL 33196	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	000018443490 05/07/03--01014--016 **150.00
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Ernesto Perez 4-29-03 (305)8075501

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #