

DOCUMENT # P99000019776
Entity Name
TORRES BROTHERS CARPENTRY, CORP.

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90010 011 ***150.00

Principal Place of Business
4420 NW 79TH AVE. #1G
MIAMI FL 33166

Mailing Address

4420 NW 79TH AVE. #1G
MIAMI FL 33166

Principal Place of Business
11201 SW 55 ST
Suite, Apt. #, etc.
UNIDAD 426

3. Mailing Address
11201 SW 55 ST
Suite, Apt. #, etc.
UNIDAD 426

City & State
MIRAMAR FL
Zip
33025
Country
US

City & State
MIRAMAR FL
Zip
33025
Country
US

4. FEI Number
65-0903864
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

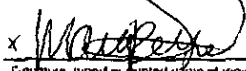
6. Name and Address of Current Registered Agent

REYES, MARIA O.
4420 NW 79TH AVE. #1G
MIAMI, FL 33166

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
11201 SW 55 ST
UNIDAD 426
City MIRAMAR FL Zip Code 33025

I, above named entity, submit this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.



4-28-00

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when rechartering)

DATE

Corporation is eligible to satisfy its intangible
filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
AND MAY 1, 2000 FEE WILL BE \$450.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Delete D REYES, MARIA O. 4420 NW 79TH AVE. #1G MIAMI FL 33166	☐ Change ☐ Addition TITLE NAME STREET ADDRESS CITY - ST - ZIP 11201 SW 55 ST. ; UNIDAD 426 MIRAMAR FL 33025
☐ Delete	☐ Change ☐ Addition TITLE NAME STREET ADDRESS CITY - ST - ZIP
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I, 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
provided 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 of
this report, or on an attachment with an address, with all other like empowered.

SIGNATURE:  MARIA O. REYES 4/28/00 (305) 620-1140
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #