

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000031579

1. Entity Name
CORKY WARD INDUSTRIES, INC.

FILED
Sep 15, 2000 8:00 am
Secretary of State

09-15-2000 90013 011 ***558.75

AUU78341



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1495 N.E. 179TH STREET NORTH MIAMI BEACH FL 33162		Mailing Address 1495 N.E. 179TH STREET NORTH MIAMI BEACH FL 33162	
2. Principal Place of Business 3544 Thomas Ave Suite, Apt. #, etc.		3. Mailing Address 3544 Thomas Ave Suite, Apt. #, etc.	

City & State Miami, Florida		City & State Miami, Florida		4. FEI Number 65-0921167		Applied For <input type="checkbox"/> Not Applicable	
Zip 33133		Country USA		Zip 33133		Country USA	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required			

6. Name and Address of Current Registered Agent WARD, CORNELIUS 1495 N.E. 179TH STREET NORTH MIAMI BEACH FL 33162				7. Name and Address of New Registered Agent Name DOZIER, VASHTI D Street Address (P.O. Box Number is Not Acceptable) 3544 Thomas Ave City Miami FL Zip Code 33133			
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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 Vashti D. Dozier, President DATE _____
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. <input checked="" type="checkbox"/> (See criteria on back)		FILE NOW!!! FEE IS \$550.00 After SEPTEMBER 13, 2000 Min. will be \$750.00 Make Check Payable to Department of State		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WARD, CORNELIUS 1495 N.E. 179TH STREET NORTH MIAMI BEACH FL 33162	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DOZIER, VASHTI D 3544 Thomas Ave Miami, FL 33133	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Vashti D. Dozier **9/12/00** **(305) 945-8498**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)