

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90122 027 ***150.00

DOCUMENT # P99000032535

1. Entity Name
SHALOM CARPENTRY, INC.

Principal Place of Business 8463 DYNASTY DRIVE BOCA RATON FL 33433 1200 NE 48th ST. BAY # 2 POMPANO BEACH, FL 33064	Mailing Address 8463 DYNASTY DRIVE BOCA RATON FL 33433 1200 NE 48th ST. BAY # 2 POMPANO BEACH, FL 33064
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1200 NE 48th ST.	3. Mailing Address 1200 NE 48th ST.
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Suite, Apt. #, etc. BAY # 2	Suite, Apt. #, etc. BAY # 2
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City & State POMPANO BEACH, FL	City & State POMPANO BEACH, FL
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Zip 33064	Country U.S.A.	Zip 33064	Country USA
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4. FEI Number 65-0908864	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GARSOZA SERVICES, INC. 3541 N.W. 35TH STREET COCONUT CREEK FL 33066 JOSE C. COELHO 1200 NE 48th ST. BAY # 2 POMPANO BEACH, FL 33064

7. Name and Address of New Registered Agent Name JOSE C. COELHO Street Address (P.O. Box Number is Not Acceptable) 1200 NE 48th ST. BAY # 2 City POMPANO BEACH FL Zip Code 33064
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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 *Jose C. Coelho* DATE 01/12/01

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)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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 COELHO, JOSE C 8463 DYNASTY DRIVE BOCA RATON FL 33433 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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: *Jose C. Coelho* DATE 01/12/01 DAYTIME PHONE # (561) 239-6866

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)