

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2000 8:00 am
Secretary of State

03-10-2000 90015 017 ***158.75

DOCUMENT # P99000036889

1. Entity Name

DURABLE WOOD PRODUCTS MFG. CORP.

Principal Place of Business

Mailing Address

8004 N.W. 154TH STREET
#198
MIAMI LAKES FL 33016

8004 N.W. 154TH STREET
#198
MIAMI LAKES FL 33016-5814

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PMB # 198

PMB # 198

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0915036

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FILINGS, INC.
3732 N.W. 16TH STREET
FT. LAUDERDALE FL 33311-4132

Name

Calixto Orta

Street Address (P.O. Box Number is Not Acceptable)

8004 NW 154 Street

PMB # 198

City

Miami Lakes

FL

Zip Code

33016

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 *Calixto Orta* **Calixto Orta, President** **3/6/00**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Delete
NAME **NODAL, RAFAEL**
STREET ADDRESS **8004 N.W. 154TH STREET**
CITY-ST-ZIP **MIAMI LAKES FL 33016**

TITLE ☐ Change ☒ Addition
NAME **President**
STREET ADDRESS **Calixto Orta**
CITY-ST-ZIP **8004 NW 154 Street PMB # 198**
Miami Lakes, FL 33016

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **Sec./Treas.**
STREET ADDRESS **Henry contreras**
CITY-ST-ZIP **8004 NW 154 Street PMB # 198**
Miami Lakes, FL 33016

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Calixto Orta **Calixto Orta**

3/6/00

(305)592-5755

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)