

2000 UNIFORM BUSINESS REPORT.(UBR)

8/17/00-90104-009-\$550.00-\$550.00

DOCUMENT # P99000037470

1. Entity Name

IRON-WOOD DESIGNS, INC.

Principal Place of Business

17416 SW 20 STREET
MIRAMAR FL 33029

Mailing Address

17416 SW 20 STREET
MIRAMAR FL 33029

2. Principal Place of Business

3663 SW 8 STREET

Suite, Apt. #, etc.

210

3. Mailing Address

3663 SW 8 ST

Suite, Apt. #, etc.

210

City & State

MIAMI FLORIDA

City & State

MIAMI FL

4. FEI Number

65-0914887

Applied For

Not Applicable

Zip

33135

Country

DADE COUNTY

Zip

33135

Country

DADE CO.

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

FLEITES, SERGIO A.CPA
3663 SW 8 STREET #210
MIAMI FL 33135

Name

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

City

FL

Zip Code

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

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 \$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. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PTD ☐ Delete
NAME FERNANDEZ, ANDRES
STREET ADDRESS 17416 SW 20 STREET
CITY-ST-ZIP MIRAMAR FL 33029

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

TITLE VSD ☒ Delete
NAME OLIVER, JAIME
STREET ADDRESS 17416 SW 20 STREET
CITY-ST-ZIP MIRAMAR FL 33029

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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:

Sergio A. Fleites **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

00 OCT -2 PM 3:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E034 (5/00)

LS