

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P990000038322

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

02-15-2000 90016 008 ***155.00



DO NOT WRITE IN THIS SPACE

1. Entity Name
MICHAEL'S REMODELING, INC.

Principal Place of Business
**910 COUNTRY CLUB PRADO
CORAL GABLES FL 33134**

Mailing Address
**910 COUNTRY CLUB PRADO
CORAL GABLES FL 33134-2117**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0927427

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~ZORRILLA, JUAN C
2200 SUNTRUST INTERNATIONAL CENTER
ONE SOUTHEAST THIRD AVE
MIAMI FL 33131~~

7. Name and Address of New Registered Agent

Name
Juan C. Gonzalez-Aguilar
Street Address (P.O. Box Number is Not Acceptable)
6850 Coral Way
Suite 204
City
Miami **FL** Zip Code
33155

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] **Juan C. Gonzalez-Aguilar**

1-21-2000

Signature block 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PVD
PENA, MICHAEL F
910 COUNTRY CLUB PRADO
CORAL GABLES FL 33134

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
JIMENEZ-BUSTAMANTE, BERTA
910 COUNTRY CLUB PRADO
CORAL GABLES FL 33134

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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

[Signature] **Michael F. Pena**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-2000

Date

441-8582

Daytime Phone #

CR2E034 (9/93)