

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90174 002 ***150.00

DOCUMENT # P99000038416

1. Entity Name
WOOD YOU OF NORTH MIAMI, INC.



Principal Place of Business
**18713 S DIXIE HWY
MIAMI FL 33157**

Mailing Address
**PO BOX 1118
KEYSTONE HEIGHTS FL 32656**

2. Principal Place of Business

12717 BISCAYNE BLVD
Suite, Apt. #, etc.

3. Mailing Address

6056 N.W. 83RD TERRACE
Suite, Apt. #, etc.

City & State
N. Miami, FL
Zip
33181
Country
USA

City & State
Parkland, FL
Zip
33067
Country
USA

4. FEI Number
65-0916059

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**NEWELL, PAUL D
101 LAWRENCE BLVD., SUITE 201 NEWELL BLDG.
KEYSTONE HEIGHTS FL 32656**

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
DRAPER, H. EDWARD
2630 SE CR 21B
MELROSE FL 32666** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
DRADER, PATRICIA S
2630 SE CR 21B
MELROSE FL 32666** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/03

Date

Daytime Phone #

352-475-3708

CR2E034 (10/02)