

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State
 05-23-2001 91156 019 ***150.00

DOCUMENT # P990000042924-
1. Entity Name
 Woods You Of Miami Lakes, Inc. ✓

Principal Place of Business 15522 N.W. 77th Court
 MIAMI LAKES, FL 33016
Mailing Address PO Box 1118
 KEYSTONE HEIGHTS, FL 32656

00056031

2. Principal Place of Business 15522 N.W. 77th Court
 Suite, Apt. #, etc.
3. Mailing Address PO Box 1118
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State MIAMI LAKES, FL
Zip 33016
Country USA
City & State KEYSTONE HEIGHTS, FL 32656
Zip 32656
Country USA

4. FEI Number 65-0916022
Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 PAUL D. NEWELL
 ATTORNEY AT LAW
 KEYSTONE HEIGHTS, FL 32656

7. Name and Address of New Registered Agent
 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 \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State**
10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	OFFICER	NAME	H. EDWARD BRADEN	<input type="checkbox"/> Delete
STREET ADDRESS			2630 S.E. C.R. 21 B	
CITY-ST-ZIP			MELBOURNE, FL 32666	
TITLE	DIRECTOR	NAME	PATRICIA BRADEN	<input type="checkbox"/> Delete
STREET ADDRESS			2630 S.E. C.R. 21 B	
CITY-ST-ZIP			MELBOURNE, FL 32666	
TITLE		NAME		<input type="checkbox"/> Delete
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		NAME		<input type="checkbox"/> Delete
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		NAME		<input type="checkbox"/> Delete
STREET ADDRESS				
CITY-ST-ZIP				

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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: _____ **H. EDWARD BRADEN** **5/7/01** **352-475-3708**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)