

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-17-2003 90186 013 ***150.00

DOCUMENT # P99000042924

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



Principal Place of Business
**15522 NW 77TH CT
MIAMI FL 33016**

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

2. Principal Place of Business

15522-A N.W. 77CT
Suite, Apt. #, etc.

3. Mailing Address

6056 N.W. 83rd Terrace
Suite, Apt. #, etc.

City & State

MIAMI LAKES, FL

City & State

DADE CO, FL

Zip

Country

33016 USA

Zip

Country

33067 USA

4. FEI Number

65-0916022

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fees Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**NEWELL, PAUL D
260-A LAWRENCE BLVD. STE. 201
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. 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 **P** ☐ Delete
NAME **DRAPER, H W E**
STREET ADDRESS **2630 SE C.R. 21B**
CITY-ST-ZIP **MELROSE FL 32666**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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 **352-**
475-3208
Date Daytime Phone #

CR2E034 (10/02)