

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90749 001 ***750.00

4664

DO NOT WRITE IN THIS SPACE

DOCUMENT # P 990000 59029

1. Entity Name
Wood-Land Furniture, inc. ✓

Principal Place of Business **Mailing Address**

4317 NW 167 St
Miami FL 33055

2. Principal Place of Business **3. Mailing Address**

4317 NW 167 St 4317 NW 167 St

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **City & State**

Opalocka FL Opalocka FL

Zip **Country** **Zip** **Country**

33055 USA 33055 USA

4. FEI Number **Applied For**

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

6. Name and Address of Current Registered Agent

Martin H. Altman
1172 SO NE 19 Ave
N. Miami Beach, FL 33162

7. Name and Address of New Registered Agent

Name Harry Larrieux
Street Address (P.O. Box Number is Not Acceptable)
4317 NW 167 St
City Opalocka **FL** **Zip Code** 33055

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 *Harry Larrieux* **DATE** 5/27/01

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE President	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Harry Larrieux		NAME	
STREET ADDRESS 4317 NW 167 St		STREET ADDRESS	
CITY-ST-ZIP Opalocka FL 33055		CITY-ST-ZIP	
TITLE Secretary	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Alexandre Nadine		NAME	
STREET ADDRESS 1100 NW 101 St		STREET ADDRESS	
CITY-ST-ZIP Miami FL 33127		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Harry Larrieux* **DATE** 5/27/01 **Daytime Phone #** 305-620-7028

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/00)