2001 UNIFORM BUSINESS REPORT (UBR) FILED May 14, 2001 8:00 am Secretary of State DOCUMENT # P99000061982 1. Entity Name **ELEGANT WOODWORK, INC.** 05-14-2001 90107 046 ***158.75 Mailing Address Principal Place of Business 255 N.W. 63RD AVENUE 255 N.W. 63RD AVENUE MIAM! FL 33126 973405 MIAM! FL 33126 2. Principal Place of Business 3. Mailing Address 15th Street 208 N.E. 65+A Street Suite, Apt. #, etc Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0934359 Not Applicable MiAmi Country \$8.75 Additional 5. Certificate of Status Desired レミド Fee Required USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent. Name DIAZ. LUIS O Street Address (P.O. Box Number is Not Acceptable) 255 N.W. 63RD AVENUE N.E. US+h S+ree+ MIAMI FL 33126 Aits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity sub (NOTE: Registered Agent signature required when reinstating) registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change Change ☐ Addition ☐ Delete TITLE TITLE DIAZ, LUIS O 208 N.E. 65th Street NAME DIAZ, LUIS O NAME STREET ADDRESS 255 N.W. 63RD AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33126 ☐ Addition TITLE ☐ Delete TITLE DIAZ, Celia O DIAZ. CELIA O NAME NAME 208 N.E. 65th street STREET ADDRESS STREET ADDRESS 255 N.W. 63RD AVENUE miami. FL 33138-6019 CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33126** Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE 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 address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR