## 2002 UNIFORM BUSINESS REPORT (UBR) OCUMENT # P99000062344 Entity Name WOOD DEPOT CORPORATION FILED May 19, 2002 8:00 am Secretary of State

DOCUMENT # 1. Entity Name WOOD DEPOT CORPORATION Principal Place of Business Mailing Address 3800 SHIPPING AVE 3800 SHIPPING AVE MIAMI FL 33146 MIAMI FL 33146 US 2. Principal Place of Business 3. Mailing Address 28th Lane 2646 SW J8th Lane 2646 SW Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0934590 Florida - Florida Miami Miami Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired \_\_ USA 33133 Fee Required\_ 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LLOBELL, DANIEL Street Address (P.O. Box Number is Not Acceptable) 3800 SHIPPING AVE **MIAMI FL 33146** City 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, 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **PVSD** CR2E034 (9/01) TIT! F ☐ Delete TITLE President Change ☐ Addition LLOBELL DANIEL NAME NAME Llobell, Daniel 3800 SHIPPING AVE 2646 SW 28th Lane STREET ADDRESS STREET ADDRESS CORAL GABLES FL 33146 CITY-ST-ZIP CITY-ST-ZIP Miami . Fl. 33133 TITLE ☐ Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Delete TITI F ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Change

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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

4|23|02

<u> 305-446-9663</u>