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

04-17-2003 90193 042 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000075312

1. Entity Name
F.A. FINISH CARPENTRY, INC.

90089909

Principal Place of Business	Mailing Address
14604 S.W. 112TH STREET MIAMI, FL 33186	14604 S.W. 112TH STREET MIAMI, FL 33186

2. Principal Place of Business	3. Mailing Address
F.A. Finish Carpentry	F.A. Finish Carpentry
Suite, Apt. #, etc. 10203 SW 105 St	Suite, Apt. #, etc. 10203 SW 105 St
City & State Miami FL	City & State Miami FL
Zip 33176 Country USA	Zip 33176 Country USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0951881 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ABADIN, FRANCISCO J
14604 S.W. 112TH STREET
MIAMI, FL 33186

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

After May 1, 2003 ... 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ABADIN, FRANCISCO J 14604 S.W. 112TH STREET MIAMI, FL 33186 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Abadin Francisco X 10203 SW 105 St Miami FL 33176 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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: ______ 3/19/03 275-4399

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #