

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000110288

1. Entity Name

COSTA RICA WOODEN WONDERS INC

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90093 001 ***150.00

Principal Place of Business

2603 N 40 AVE
HOLLYWOOD FL 33021

Mailing Address

2603 N 40 AVE
HOLLYWOOD FL 33021

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0969376

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FROMZON, JAVIER
2603 N 40 AVE
HOLLYWOOD FL 33021

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
D	FROMZON, JO ANN	2603 N 40 AVE	HOLLYWOOD FL 33021	P/T			
D	STARR, DALIA D	3240 LAUREL OAK LANE	HOLLYWOOD FL 33021				
D	FROMZON, JIMMY	2603 N 40 AVE	HOLLYWOOD FL 33021	V/S			
D	STARR, GLEN	3240 LAUREL OAK LANE	HOLLYWOOD FL 33021				

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT JO ANN FROMZON

4/13/00

(954) 964.4378

Date

Daytime Phone #