

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 23, 2003 8:00 am**  
**Secretary of State**

06-23-2003 90061 026 \*\*\*550.00

**DOCUMENT # V19821**

1. Entity Name  
**EUROPEAN WOODWORK, INC.**



Principal Place of Business  
**5301 NW 36 AVENUE**  
**MIAMI FL ~~33135~~ 33142**

Mailing Address  
**5301 NW 36 AVENUE**  
**MIAMI FL ~~33135~~ 33142**

2. Principal Place of Business  
**5301 N.W. 36 AVENUE**  
Suite, Apt. #, etc.

3. Mailing Address  
**5301 N.W. 36 AVENUE**  
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State  
**MIAMI, FLORIDA**  
Zip  
**33142**  
Country  
**DADE**

City & State  
**MIAMI, FLORIDA**  
Zip  
**33142**  
Country  
**DADE**

4. FEI Number **65-0314618**  
Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**LUCKETT, PHILLIP**  
**4570 S.W. 75TH AVENUE ~~5301 N.W. 36 AVE.~~**  
**MIAMI FL 33155** **MIAMI, FL 33142**

**7. Name and Address of New Registered Agent**

Name  
**LUCKETT, PHILIP**  
Street Address (P.O. Box Number is Not Acceptable)  
**4131 S.W. 104 PLACE**  
City  
**MIAMI, FLORIDA** **FL** Zip Code  
**33165**

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 **Philip Lockett ADDRESS CORRECTIONS ONLY.**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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**

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>LUCKETT, PHILIP</b>	
STREET ADDRESS	<b>5301 NW 36 AVENUE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33155</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>LUCKETT, PHILIP</b>	
STREET ADDRESS	<b>5301 NW 36 AVENUE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33155</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: **Philip Lockett**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**6-19-2003 305-634-6600**  
Date Daytime Phone #

CR2E034 (10/02)