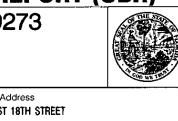
2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

P00000079273 **DOCUMENT #**

1. Entity Name



F1LED Feb 21, 2003 8:00 am Secretary of State 02-21-2003 90213 039 ***150.00 **FILED**

SEVILLA CABINETS GROUP, INC.					1	200,00	
Principal Place of Business Mailing Address 548 WEST 18TH STREET 548 WEST 18TH STREE HIALEAH FL 33010 HIALEAH FL 33010			548 WEST 18TH STREET				
2. Principal Place of Business 3. Mailing Address 7.05 4				1851.		<u> </u>	
Suite, Apt. #, etc. Suite, Apt. #, etc.					CHECK HERE IF MAKING CH	HANGES	
City & Stat	te		ANALEAN	4, fr	4. FEI Number 65-0675676	Applied For Not Applicable	
Zip		Country	230,10	Country		.75 Additional Required	
	6. Name	and Address of Current	Registered Agent		7. Name and Address of New Registered Age	nt	
050500	051000	💂	Pir Tari istoria e a e e e e e e e e e e e e e e e e e	Name	THE POST OF THE PO		
CEPERO,		· ·		Street Address	Street Address (P.O. Box Number is Not Acceptable)		
548 WEST 18TH STREET HIALEAH FL 33010							
TILLLAIT	1 2 33010	· ************************************	-	City	FL	Zip Code	
	e named entititions of regist	ered agent.		gistered office or registered agent signature require	ered agent, or both, in the State of Florida. I am ami	with, and accept	
Afte Make Check	r May 1, 200	I FEE IS \$150.00 3 Fee will be \$550.00 Florida Department o			9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
10.	,	OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFICERS AND DI		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD 4CEPERO, 548 W 181 HIALEAH F	'H STREET	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2 CEPE 705		☐ Delete	TITLE J' NAME STREET ADDRESS CITY-ST-ZIP		Change	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		NO ESAGE	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	
TITLE NAME STREET ADDRESS CITY-ST-2IP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	
TITLE NAME STREET ADDRESS CUTY-ST-ZIP			□ Delete	TITLE NAME STREET ADDRESS CITY-ST-7IP	``	Change Addition	

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: 4

Daytime Phone #