

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90119 027 ***158.75

DOCUMENT # 467089

1. Entity Name
MORALMAR KITCHEN CABINETS, INC.



Principal Place of Business
**3130 W 15TH AVE
HIALEAH FL 33012**

Mailing Address
**C/O IVAN A. GOMEZ ESO
601 BRICKELL KEY DRIVE SUITE 507
MIAMI FL 33131**

2. Principal Place of Business

3. Mailing Address

3130 W. 15 Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Hialeah, FL

4. FEI Number **59-1566638**

Applied For
Not Applicable

Zip

Country

Zip

Country

33012

U.S.A.

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~NOELIA E. BLECHER, NOELIA E.~~
**3130 WEST 15TH AVENUE
HIALEAH FL 33012**

Name **NOELIA E. MORENO, ESQ.**

Street Address (P.O. Box Number is Not Acceptable)
3130 West 15th Avenue

City **HIALEAH**

FL

Zip Code **33012**

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 *Noelia E. Moreno*

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

(NOTE: Registered Agent signature required when reinstating)

2/24/03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	MORENO, EDUARDO	
STREET ADDRESS	3130 W 15TH AVE	
CITY-ST-ZIP	HIALEAH FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BAEZ, ANDRES	
STREET ADDRESS	3130 W 15TH AVE	
CITY-ST-ZIP	HIALEAH FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BLECHER, NOELIA E.	
STREET ADDRESS	3130 W 15TH AVE	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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		
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORENO, NOELIA E.	
STREET ADDRESS	3130 W. 15 AVE.	
CITY-ST-ZIP	Hialeah, FL 33012	
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		
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:

Eduardo Moreno
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(305) 556-1520

CR2E034 (10/02)