

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90022 040 ***150.00

DOCUMENT # 534752

1. Entity Name

PROFESSIONAL KITCHEN CABINET, INC.

Principal Place of Business

Mailing Address

1035 E. 13TH STREET
 HIALEAH FL 33010-3752

1035 E. 13TH STREET
 HIALEAH FL 33010-3752

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1732595**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

RODRIGUEZ, JOSE
1035 E 13TH STREET
HIALEAH FL 33010

Name **Jose Valdivia**

Street Address (P.O. Box Number is Not Acceptable)

7465 W 14 AVE

City **Hialeah**

FL

Zip Code **33014**

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

Jose Valdivia

1-17-00

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

☐ Delete

☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
PD
VALDIVIA, JOSE
1133 W. 42 STREET
HIALEAH FL 33012

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
7465 W 14 AVE
Hialeah FL 33014

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☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
STD
VALDIVIA, EVELYN
1133 S. 42 STREET
HIALEAH FL 33012

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
7465 W 14 AVE
Hialeah FL 33014

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-19-00 (305) 888-5660

CR2E034 (9/99)