

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 01, 2001 8:00 am**  
**Secretary of State**

06-01-2001 90004 048 \*\*\*150.00

**DOCUMENT # 563931**

1. Entity Name

QUEEN CABINETS, INC.

Principal Place of Business

4532 SW 74 AVENUE  
 MIAMI FL 33155  
 US

Mailing Address

2655 LEJEUNE RD., #807  
 CORAL GABLES FL 33134

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

2655 LeJeune Road

Suite, Apt. #, etc.

Suite 804

City & State

Coral Gables, Florida

Zip

33134

Country

Miami-Dade

4. FEI Number 59-1818076

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

KATES, LESTER G.  
 2655 LEJEUNE RD., #807  
 CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

LESTER G. KATES

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

804 Gables International Plaza

2655 LeJeune Road

City  
 Coral Gables

FL

Zip Code  
 33134

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

*Lester G. Kates*

3-28-01

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

(NOTE: If 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, 2001 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

TITLE NAME	PTD RAVELO, OSCAR J	<input type="checkbox"/> Delete
STREET ADDRESS	4532 SW 74 AVENUE	
CITY-ST-ZIP	MIAMI FL	
TITLE NAME	S RAVELO, OSCAR J	<input type="checkbox"/> Delete
STREET ADDRESS	4532 SW 74 AVENUE	
CITY-ST-ZIP	MIAMI FL	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

*Oscar J. Ravelo*

4-2-2001

305-267-5966

Date

Daytime Phone #

CR2E034 (10/00)