

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G24185

1. Entity Name

E G CABINET REPAIR, INC.

FILED

Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90002 030 ***150.00

Principal Place of Business

E. G. CABINET REPAIR, INC.
1751 W 38 PL V-1001-A
HIALEAH FL 33012
US

Mailing Address

% ELOY GONZALEZ
686 W 40TH PLACE
HIALEAH FL 33012

2. Principal Place of Business

1751 W. 38 PL. #1001 A.

3. Mailing Address

8741 N.W. 166th TERRACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HIALEAH FL.

City & State

MIAMI FLORIDA

Zip

33012

Country

DADE

Zip

33018

Country

DADE

4. FEI Number

59-2259374

Applied For

Not Applicable

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

GONZALEZ, ELOY
686 W 40TH PLACE
HIALEAH FL 33012

Name

ELOY GONZALEZ

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

8741 N.W. 166th TERRACE.

City

MIAMI LAKES

FL

Zip Code

33018.

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME DP
STREET ADDRESS GONZALEZ, ELOY
CITY-ST-ZIP 686 W 40TH PLACE
HIALEAH FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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

04/06/01 305.557.4486.
Date Daytime Phone #

CR2E034 (10/00)