

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K77135

1. Entity Name

LOM CUSTOM CABINETS INC.

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

04-27-2000 90063 003 ***150.00

Principal Place of Business

Mailing Address

☐ E 17TH ST
11
GARDENS FL 33010

1010 E 17TH ST
BAY 11
HIALEAH GARDENS FL 33010-3318
US

2. Principal Place of Business

3. Mailing Address

1010 E 17 St
Suite, Apt. #, etc.

650 E 11 PL
Suite, Apt. #, etc.

City & State

Hialeah, FL

Zip

33010

Country

City & State

Hialeah, FL

Zip

33010

Country

4. FEI Number

65-0113286

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

MESA, ORLANDO
650 E 1TH PLACE
HIALEAH FL 33010

Name

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

City

FL

Zip Code

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, 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

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP |
|---------------------------------|----------------|----------------|-------------|---|------|----------------|-------------|
| D | MESA, ORLANDO | 650 E 11 PLACE | HIALEAH FL | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| D | MESA, MIRTA M. | 650 E 11 PLACE | HIALEAH FL | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| <input type="checkbox"/> Delete | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| <input type="checkbox"/> Delete | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| <input type="checkbox"/> Delete | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| <input type="checkbox"/> Delete | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| <input type="checkbox"/> Delete | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |

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:

Mirto Mesa **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)