

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L35142

1. Entity Name

HOLMWOOD CABINETRY, INC.

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90146 038 ***150.00

Principal Place of Business

Mailing Address

% NEVILLE LOWE
 1897 OPA LOCKA BLVD
 OPA LOCKA FL 33054

% NEVILLE LOWE
 1897 OPA LOCKA BLVD
 OPA LOCKA FL 33054-4223

2. Principal Place of Business

% PATRICK JONES

3. Mailing Address

% PATRICK JONES

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1897 OPA LOCKA BLVD

1897 OPA LOCKA BLVD

City & State

City & State

OPA LOCKA FL

OPA LOCKA FL 33054

Zip

Country

Zip

Country

33054 USA

33054 USA

4. FEI Number

65-0159015

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

LOWE, NEVILLE
 17340 N.W. 9TH PLACE
 MIAMI FL 33169

Name

PATRICK JONES

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

16911 N.E. 7 COURT

City

MIAMI

FL

Zip Code

33162

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

P. Jones

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 ☐ Delete
 NAME D
 STREET ADDRESS JONES, PATRICK B.
 CITY-ST-ZIP 16911 N.E. 7TH COURT
 MIAMI FL

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

P. Jones

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

46-24-00

202-6873091

Date

Daytime Phone #

CR2E034 (9/99)