2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M95690 1. Entity Name A & J CABINET COMPANY, INC.

FILED Mar 13, 2001 8:00 am Secretary of State 03-13-2001 90113 003 ***150.00

Principal Plac	e of Business	3	Mailing Address			_ }						
5721 FUNSTON STREET 2			4350, 195TH STREET HOLLYWOOD FL 33055									
HOLLYWOOD F	FL 33023		US									
JS								ALEN ENGE JUNE I			IAN BARA D	ali
2Principal-P	Place of Busin	ess	-3Mailing Address	~] · ~						
Suite, Apt. #, etc.			Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE						
City & Stat	te		City & State			4. FEI Number 65-0070472			172	Applied		pplied For
		<u> </u>									lot Applicable	
Zip		Country	Zip	Coun	try	5. C	ertificate of 9	Status Desire	d 🗀] \$	8.75 Ad se Requir	lditional ed
	6. Name	and Address of Current F	Registered Agent			7. N	ame and Ad	dress of Ne	w Registe	ered Ag	ent	
OCI /	AYO, GILBE	DTO.			Name							
1666		T CAUSEWAY		ı	Street Addres	s (P.O. Bo	ox Number is	Not Accepta	able)			
	AMAR FL 33									•		
11111 4	um 0 1 E Ge				City					FL	Zip Co	de
8. The above	named entity	submits this statement for	the purpose of changing it	ts registere	ed office or regis	tered age	nt, or both, in	n the State of	Florida.			
		•										
SIGNATURE.	Cimentury transf	or printed name of registered agent a	and title if anythering (MIC	Tr. Denistant	* * * * * * * * * * * * * * * * * * * *	Sand Johann Laiv				DATE		
	signature, typed	or brinked usure or redistrated again a			1 Agent signature requi	area when tell	istatilig)			PAIC		
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.			After MAY 1, 2				on Campaign Fund Contribi		g 🗆		00 May Be ed to Fees	
	ria on back)		Make Check Paya		epartment of S	. [1550-0-0	20.01
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rine early certify that the information supplied with this tiling does not quality 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 his 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 my address, with all other like empowered.

SIGNATURE:

D OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR