

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State
 05-18-2001 90003 049 ***150.00

DOCUMENT # P00000004421

1. Entity Name
KITCHEN & BATH CABINET REFACING, INC.

Principal Place of Business
7622 SW 96TH COURT
MIAMI FL 33173

Mailing Address
7622 SW 96TH COURT
MIAMI FL 33173

2. Principal Place of Business

MIAMI

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

8828 S.W. 72 ST

Suite, Apt. #, etc.

APT - B - 307

City & State

Miami Florida.

Zip

33173

Country

US

4. FEI Number

65-0982878

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

RODRIGUEZ, EDGAR O
7622 SW 96TH COURT
MIAMI FL 33173

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 **EDGAR O. RODRIGUEZ**

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	PD	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, EDGAR O	
STREET ADDRESS	7622 SW 96TH COURT	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LIZARAZO, NOHORA J	
STREET ADDRESS	7622 SW 96TH COURT	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE		<input type="checkbox"/> Delete
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 info empowered.

SIGNATURE:

EDGAR O. RODRIGUEZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04-27-01 (305) 3425173

CR2E034 (10/00)