

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 02, 2002 8:00 am
Secretary of State

05-21-2002 90875 039 ***150.00

DOCUMENT # **P00000004421** ✓
1. Entity Name
KITCHEN & BATH CABINET REFINING INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business MIAMI		3. Mailing Address 16567 S.W. 68 Terrace	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State FL		City & State MIAMI FL	
Zip 33193	Country US		

4. FEI Number 65-0982878	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name
EDGAR ORLANDO RODRIGUEZ V.
Street Address (P.O. Box Number is Not Acceptable)
16567 S.W. 68 Terrace
City **Miami** State **FL** Zip Code **33193**

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** *Edgar O. Rodriguez* **06-18-02**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent signature required when renewing) DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐
(See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$81.25
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD RODRIGUEZ EDGAR O 16567 S.W. 68 TERRACE MIAMI FL 33193
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD LIZARZO, NOHORA J 16567 S.W. 68 TERRACE MIAMI FL 33193
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Edgar O. Rodriguez* **04-30-02(305)342-5173**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2034B (12/01)