

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 07, 2003 8:00 am**  
**Secretary of State**

05-07-2003 90166 041 \*\*\*150.00

0321894 AV

DOCUMENT # P00000004421

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



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

Mailing Address  
16567 SW 68 TERR  
MIAMI FL 33193

2. Principal Place of Business  
1632 West 31 P/ace  
Suite, Apt. #, etc.

3. Mailing Address  
1632 West 31 P/ace.  
Suite, Apt. #, etc.

City & State  
MIAMI FL  
Zip  
33012  
Country  
USA

City & State  
Hialeah FL  
Zip  
33012  
Country  
USA

4. FEI Number 65-0982878

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

RODRIGUEZ, EDGAR O  
16567 SW 68 TERR  
MIAMI FL 33193

7. Name and Address of New Registered Agent

Name  
EDGAR O. RODRIGUEZ  
Street Address (P.O. Box Number is Not Acceptable)  
16567 SW 68 Terrace  
City  
Miami 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Edgar O. Rodriguez DATE 04-28-03  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME RODRIGUEZ, EDGAR O  
STREET ADDRESS 16567 SW 68 TERR  
CITY-ST-ZIP MIAMI FL 33193 ☐ Delete

TITLE VD  
NAME LIZARAZO, NOHORA J  
STREET ADDRESS 16567 SW 68 TERR  
CITY-ST-ZIP MIAMI FL 33193 ☐ Delete

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Edgar O. Rodriguez  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-28-03 (305)5568731  
Date Daytime Phone #

CR2E034 (10/02)