

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 19, 2001 8:00 am
Secretary of State

05-17-2001 91293 037 ***150.00

DOCUMENT # P00000006896

1. Entity Name

UNIQUE KITCHEN DESIGNS, INC.

LA

Principal Place of Business

7836 NW 193RD TERRACE
 MIAMI FL 33015

Mailing Address

7836 NW 193RD TERRACE
 MIAMI FL 33015

2. Principal Place of Business

9901 NW 80 Ave

Suite, Apt. #, etc.

Suite 3W

City & State

Hialeah Gardens, Fl.

Zip

33016

Country

3. Mailing Address

9901 NW 80 Ave

Suite, Apt. #, etc.

Suite 3W.

City & State

Hialeah Gardens, Fl.

Zip

33016

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

15-0908260

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MORALES, ENRIQUE
 7836 NW 193RD TERRACE
 MIAMI FL 33015

7. Name and Address of New Registered Agent

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

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. ☐

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

TITLE **PD** ☐ Delete
 NAME **MORALES, ENRIQUE**
 STREET ADDRESS **7836 NW 193RD TERRACE**
 CITY-ST-ZIP **MIAMI FL 33015**

TITLE **SD** ☐ Delete
 NAME **MORALES, CARIDAD M**
 STREET ADDRESS **7836 NW 193RD TERRACE**
 CITY-ST-ZIP **MIAMI FL 33015**

TITLE ☐ Delete
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition
 NAME
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TITLE ☐ Change ☐ Addition
 NAME
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 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:

Enrique Morales **Enrique Morales** **4-30-01 (305) 829-0070**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)