

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 30, 2001 08:00 AM**
Secretary of State**DOCUMENT # P00000025441**1. Entity Name
CRESTLINE CABINETRY AND WOODWORK, INC.**Principal Place of Business**C/O AGIM REGISTERED AGENTS, INC.
1200 BRICKELL AVENUE SUITE 900
MIAMI FL 33131**Mailing Address**C/O AGIM REGISTERED AGENTS, INC.
1200 BRICKELL AVENUE SUITE 900
MIAMI FL 33131**2. Principal Place of Business**1110 BRICKELL AVENUE
Suite, Apt. #, etc.
SUITE 504**3. Mailing Address**C/O AGI REGISTERED AGENTS, INC.
Suite, Apt. #, etc.
1200 BRICKELL AVENUE SUITE 900

DO NOT WRITE IN THIS SPACE

City & State
MIAMI FLCity & State
MIAMI FL

4. FEI Number

☒ Applied For
☐ Not ApplicableZip Country
33131Zip Country
331315. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent**AGIM REGISTERED AGENTS, INC.
1200 BRICKELL AVENUE SUITE 900
MIAMI FL 33131 US**7. Name and Address of New Registered Agent**Name
AGI REGISTERED AGENTS, INC.
Street Address (P.O. Box Number is Not Acceptable)
1200 BRICKELL AVENUE SUITE 900
City
MIAMI FL Zip Code
33131

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 **MARIO A. IGLESIAS, PRESIDENT****04/30/2001**

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**TITLE D ☒ Delete
NAME HUERTA MANUEL A
STREET ADDRESS 5040 NW 7TH STREET, SUITE 412
CITY-ST-ZIP MIAMI FL 33126TITLE D ☐ Delete
NAME THORNE ROBERT F
STREET ADDRESS 1110 BRICKELL AVENUE SUITE 540
CITY-ST-ZIP MIAMI FL 33431TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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 like empowered.

SIGNATURE: ROBERT F. THORNE

D

04/30/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)