

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000025635

1. Entity Name

TECH WOOD CABINETS INC.

FILED
Apr 14, 2001 8:00 am
Secretary of State

04-14-2001 90006 018 ***150.00

0483392

Principal Place of Business

9921 N.W. 80TH AVE., BAY D-1
HIALEAH GARDENS FL 33016-2321

Mailing Address

9921 N.W. 80TH AVE., BAY D-1
HIALEAH GARDENS FL 33016-2321

44332

2. Principal Place of Business

Tech Wood Cabinets INC

3. Mailing Address

7290 W 18 Lane

Suite, Apt. #, etc.

7290 W 18 Lane

Suite, Apt. #, etc.

7290 W 18 Lane

City & State

Hialeah Florida

City & State

Hialeah Florida

Zip

33014

Country

Zip

33014

Country

4. FEI Number

05-099 3063

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

DEL PRADO, ODALYS C
6375 W. 22ND COURT, #201
HIALEAH FL 33016

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.
(See criteria on back)

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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.

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**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

POSTD
DEL PRADO, ODALYS C
6375 W. 22ND COURT, #201
HIALEAH FL 33016

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/09/01 305-3508

CR2E034 (10/00)