

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2002 8:00 am**  
**Secretary of State**

05-05-2002 90022 004 \*\*\*150.00

**DOCUMENT # P00000025635**

**1. Entity Name**  
**TECH WOOD CABINETS INC.**

**Principal Place of Business**

**7290 W 18TH LANE**  
**HIALEAH FL 33014**

**Mailing Address**

**7290 W 18TH LANE**  
**HIALEAH FL 33014**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number 65-0993063**

Applied For

Not Applicable

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

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

Name **Juan P. Sanchez**  
 Street Address (P.O. Box Number is Not Acceptable) **5350 NW. 183 ST.**  
 City **Miami** FL Zip Code **33055**

**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** *Juan P. Sanchez* **Juan P. Sanchez 4/15/02**  
 Signature, typed or printed name of registered agent and date 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, 2002 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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE **PSTD** ☐ Delete  
 NAME **DEL PRADO, ODALYS C**  
 STREET ADDRESS **6375 W. 22ND COURT, #201**  
 CITY-ST-ZIP **HIALEAH FL 33016**

TITLE **Director** ☒ Change ☐ Addition  
 NAME **Del Prado Odalys C.**  
 STREET ADDRESS **6375 W. 22nd Ct. #201**  
 CITY-ST-ZIP **Hialeah, FL 33016**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **P/V/S/T** ☐ Change ☒ Addition  
 NAME **Sanchez Juan P.**  
 STREET ADDRESS **5350 NW. 183 ST.**  
 CITY-ST-ZIP **Miami, FL 33055**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
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TITLE ☐ 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:** *Juan P. Sanchez*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/15/02 305 6983508**  
 Date Daytime Phone #

CR2E034 (9/01)