

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

05-29-2002 90675 029 ***158.75

DOCUMENT # P00000045710

1. Entity Name
F & R CABINETRY AND MILLWORK, INC.

Principal Place of Business

2305 E 11TH AVE
HIALEAH FL 33010

Mailing Address

2305 E 11TH AVE
HIALEAH FL 33010

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

NOT APPLICABLE

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

RODRIGUEZ, IRMA
572 W 65 DR
HIALEAH FL 33012

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 *Irma Rodriguez*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/29/02
 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 VP ☐ Delete
NAME TRUJILLO, ARLENE
STREET ADDRESS 18010 N.W. 79 CT.
CITY-ST-ZIP MIAMI FL 33157

TITLE V.P. ☐ Change ☒ Addition
NAME OLGA TRUJILLO
STREET ADDRESS 572 WEST 65 DR.
CITY-ST-ZIP HIALEAH, FL 33012

TITLE T ☒ Delete
NAME TRUJILLO, FELIX R
STREET ADDRESS 18010 N.W. 79 CT.
CITY-ST-ZIP MIAMI FL 33157

TITLE PRESIDENT ☐ Change ☐ Addition
NAME IRMA RODRIGUEZ
STREET ADDRESS 572 WEST 65 DR.
CITY-ST-ZIP HIALEAH, FL 33012

TITLE S ☒ Delete
NAME TRUJILLO, FELIX B
STREET ADDRESS 572 WEST 65 DRIVE
CITY-ST-ZIP HIALEAH FL 33012

TITLE S/T ☒ Change ☐ Addition
NAME ARLENE TRUJILLO
STREET ADDRESS 18010 NW 78 CT.
CITY-ST-ZIP HIALEAH, FL 33015

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Irma Rodriguez*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02 305-835-7007
 Date Daytime Phone #

CR2E034 (9/01)