

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

DOCUMENT # P00000054093

1. Entity Name

CABINET AND INTERIOR DESIGN, INC.

02 JUN 24 PM 1:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

13216 NORTH WEST 12 COURT

Suite, Apt. #, etc.

3. Mailing Address

13216 NORTH WEST 12 COURT

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

SUNRISE, FL

City & State

SUNRISE, FL

4. FEI Number

65-1016306

Applied For

Not Applicable

Zip

33323

Country

BROWARD

Zip

33323

Country

BROWARD

5. Certificate of Status Desired* ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

CARL S. PITTER

Street Address (P.O. Box Number is Not Acceptable)

7447 NORTH WEST 57th STREET

City

TAMARAC

FL

Zip Code

33319

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT/TREASURER DERRICK LAWRENCE 13216 NORTH WEST 12 COURT SUNRISE, FL 33323	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3000006043033-- -06/26/02--01052--012 ****300.00 ****300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT/SECRETARY DIANA LAWRENCE 13216 NORTH WEST 12 COURT SUNRISE, FL 33323	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DERRICK LAWRENCE/PRES

Date

Daytime Phone #

CR03034 (12/01)