

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

FILED

DOCUMENT # P01000034264

1. Entity Name

FLORIDA KITCHEN & APPLIANCES, INC.



03 DEC 17 AM 9:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
3395 NW 79TH AVENUE

3. Mailing Address  
3395 NW 79TH AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

N/A

N/A

City & State  
MIAMI, FLORIDA

City & State  
MIAMI, FLORIDA

4. FEI Number  
65-1094335

Applied For  
Not Applicable

Zip  
33122

Country  
USA

Zip  
33122

Country  
USA

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

**DO NOT WRITE  
IN THIS SPACE**

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

Name  
HAGEN & HAGEN, P.A.

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

3531 GRIFFIN ROAD

City  
FT. LAUDERDALE

FL

Zip Code  
33146 33312

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

X 11/12/03

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PRESIDENT  
ERIC DORMOY  
6750 SW 102 TERR. PINECREST, FL. 33156

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
000025562720  
12/17/03--01065--006 \*\*\*61.25

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VICE PRESIDENT  
JOHN MANGIALETTO  
8860 SW 150TH STREET MIAMI, FL. 33176

TITLE  
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CITY-ST-ZIP

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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone

X 11/12/03 (954) 987-2515

CR2E034B (12/02)