

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


**FILED**  
Feb 05, 2003 8:00 am  
Secretary of State

02-05-2003 90179 012 \*\*\*150.00

117633 AN

**DOCUMENT #** P01000035914

1. Entity Name  
J.J. CABINETS INSTALLATIONS INC.



Principal Place of Business  
~~13493 S.W. 27TH ST.~~  
~~MIRMAR FL 33027~~

Mailing Address  
~~13493 S.W. 27TH ST.~~  
~~MIRMAR FL 33027~~

22003389



2. Principal Place of Business  
18611 TROON DR.

3. Mailing Address  
18611 TROON DR.

CHECK HERE IF MAKING CHANGES

City & State  
MIAMI FL.

City & State  
MIAMI FL.

Zip  
33015

Country

4. FEI Number 65-1094420

Applied For  
 Not Applicable

6. Name and Address of Current Registered Agent

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

SARANTES, CARLOS A.  
~~13493 S.W. 27TH ST.~~  
~~MIRMAR FL 33027~~

7. Name and Address of New Registered Agent

Name  
GREGORIA E. PICHARDO

Street Address (P.O. Box Number is Not Acceptable)  
18611 TROON DR.

City  
MIAMI

FL

Zip Code  
33015

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: *Gregoria E. Pichardo*

(NOTE: Registered Agent signature required when reinstating)

DATE: 2/1/03

**FILE NOW!!! FEE IS \$150.00**  
After May 1, 2003, Fee will be \$550.00  
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          | PD                  | <input type="checkbox"/> Delete |
| NAME           | SARANTES, CARLOS A  |                                 |
| STREET ADDRESS | 13493 S.W. 27TH ST. |                                 |
| CITY-ST-ZIP    | MIRMAR FL 33027     |                                 |
| TITLE          |                     | <input type="checkbox"/> Delete |
| NAME           |                     |                                 |
| STREET ADDRESS |                     |                                 |
| CITY-ST-ZIP    |                     |                                 |
| TITLE          |                     | <input type="checkbox"/> Delete |
| NAME           |                     |                                 |
| STREET ADDRESS |                     |                                 |
| CITY-ST-ZIP    |                     |                                 |
| TITLE          |                     | <input type="checkbox"/> Delete |
| NAME           |                     |                                 |
| STREET ADDRESS |                     |                                 |
| CITY-ST-ZIP    |                     |                                 |
| TITLE          |                     | <input type="checkbox"/> Delete |
| NAME           |                     |                                 |
| STREET ADDRESS |                     |                                 |
| CITY-ST-ZIP    |                     |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                      |   |
|----------------|----------------------|---|
| TITLE          | PD                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | GREGORIA E. PICHARDO |   |
| STREET ADDRESS | 18611 TROON DR       |   |
| CITY-ST-ZIP    | MIAMI FL 33015       |   |
| TITLE          |                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                      |   |
| STREET ADDRESS |                      |   |
| CITY-ST-ZIP    |                      |   |
| TITLE          |                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                      |   |
| STREET ADDRESS |                      |   |
| CITY-ST-ZIP    |                      |   |
| TITLE          |                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                      |   |
| STREET ADDRESS |                      |   |
| CITY-ST-ZIP    |                      |   |

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Gregoria E. Pichardo* 2/1/03 (305) 829-2623

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/02)