

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 19, 2002 8:00 am**  
**Secretary of State**

05-19-2002 90209 029 \*\*\*150.00

**DOCUMENT # P01000057015**

**1. Entity Name**  
**CABINETS & WOOD, INC.**

**Principal Place of Business**

**260 WEST 24TH STREET**  
**HIALEAH FL 33010**

**Mailing Address**

**(260 WEST 24TH STREET)** *DELETE*  
**HIALEAH FL 33010**



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**

**3. Mailing Address**

**357 WEST 45 ST**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**HIALEAH, FLORIDA**

**4. FEI Number**

**02-0561924**

Applied For

Not Applicable

Zip

Country

Zip

Country

**33012 U.S.A.**

**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**

**GUZMAN, CAMPO E**  
**260 WEST 24TH STREET**  
**HIALEAH FL 33010**

*CHANGE ADDRESS*

Name

**GUZMAN, CAMPO E**

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

**357 WEST 45 STREET**

City

**HIALEAH**

FL

Zip Code

**33012**

**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]*

Signature, typed or printed name of registered agent and title (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	<b>D</b> <input checked="" type="checkbox"/> Delete
NAME	<b>GUZMAN, CAMPO E</b>
STREET ADDRESS	<b>260 WEST 24TH STREET</b>
CITY-ST-ZIP	<b>HIALEAH FL 33010</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>YOLANDA P. CORREA</b>
STREET ADDRESS	<b>357 West 45 street</b>
CITY-ST-ZIP	<b>Hialeah FL 33012</b>
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	

TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>GUZMAN, CAMPO E</b>
STREET ADDRESS	<b>357 WEST 45 STREET</b>
CITY-ST-ZIP	<b>HIALEAH FL 33012</b>
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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:**

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/29/02 305-884-5261**

Date

Daytime Phone #

CR2E034 (9/01)