

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 18, 2003 8:00 am
Secretary of State

03-18-2003 90067 003 ***150.00

DOCUMENT # P01000075103

1. Entity Name
TURTLE CABINETS CORP.



Principal Place of Business

13918 SW 139 CT
MIAMI FL 33186

Mailing Address

13918 SW 139 CT
MIAMI FL 33186

2. Principal Place of Business

13960 SW 139 CT

3. Mailing Address

13960 SW 139 CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Miami, Florida

Zip

33186

Country

USA

Zip

33186

Country

USA



☒ **CHECK HERE IF MAKING CHANGES**

4. FEI Number

65-1135603

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

BETTINI, CARMEN C
15524 SW 171 ST.
MIAMI FL 33187

7. Name and Address of New Registered Agent

Name

Pulles, Rafael

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

1642 NE 110th TERR.

City

N. Miami

FL

Zip Code

33161

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.

RAFAEL PULLES

03/11/03

DATE

(NOTE: Registered Agent signature required when reinstating)

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
NAME TROCONIS, FEDERICO
STREET ADDRESS CALLE RUTA DEL OESTE PARCELA 51, CAREALIND
CITY-ST-ZIP VALENCIA, ESTADO CARABOBO

☐ **Delete**

TITLE STD
NAME TROCONIS, GEORGINA
STREET ADDRESS 15601 SW 137 AVENUE
CITY-ST-ZIP MIAMI FL 33177

☐ **Delete**

TITLE VD
NAME GONZALEZ, EDUARDO
STREET ADDRESS 15601 SW 137 AVENUE
CITY-ST-ZIP MIAMI FL 33177

☐ **Delete**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ **Change** ☐ **Addition**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ **Change** ☐ **Addition**

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:

SIGNATURE OF TROCONIS, FEDERICO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)