

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State
 05-24-2002 91310 008 ***150.00

DOCUMENT # P01000096648

1. Entity Name
DESIGN'S CABINETS, INC.

Principal Place of Business
827 S DEERFIELD AVE
DEERFIELD BEACH FL 33441

Mailing Address
827 S DEERFIELD AVE
DEERFIELD BEACH FL 33441



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
833 S. Deerfield Ave

3. Mailing Address
833 S. Deerfield Ave

Suite, Apt. #, etc.
6

Suite, Apt. #, etc.
6

City & State
Deerfield BC. Florida

City & State
Deerfield BC. Florida

4. FEI Number
65-1142070

Applied For
 Not Applicable

Zip
33441

Country
USA

Zip
33441

Country
USA

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

6. Name and Address of Current Registered Agent

TAX HOUSE CORPORATION
3929 N FEDERAL HWY
POMPANO BEACH FL 33064

7. Name and Address of New Registered Agent

Name **TAX HOUSE CORPORATION**

Street Address (P.O. Box Number is Not Acceptable)
3929 N FEDERAL HWY

City **POMPANO BE.** **FL** Zip Code **33064**

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) ☐

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 NAME STREET ADDRESS CITY-ST-ZIP | PD FILHO, LUIZ J 4373 SW 10 PLACE #106 DEERFIELD BEACH FL 33441 | <input type="checkbox"/> Delete |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-30-02 **954.6325399**
 Date Daytime Phone #

CR2E034 (9/01)