

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91181 008 ***150.00

DOCUMENT # P02000025558

1. Entity Name

A & J CUSTOM CABINETS, INC.



Principal Place of Business

**6705 S.W. 152ND PLACE
MIAMI FL 33193**

Mailing Address

**6705 S.W. 152ND PLACE
MIAMI FL 33193**

2. Principal Place of Business

815 Black Knight Dr.

3. Mailing Address

815 Black Knight Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Valrico, FL.

City & State

Valrico, FL.

Zip

33594

Country

U.S.A.

Zip

33594

Country

USA

4. FEI Number

04-3633050

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**ESTRADA, GLORIA A
9015 S.W. 125TH AVE., N-307
MIAMI FL 33186**

7. Name and Address of New Registered Agent

Name **JOSE L NICOT**

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

815 BLACK KNIGHT DR.

City **VALRICO**

FL

Zip Code

33594

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 ☒ **JOSE L NICOT**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

04/29/03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Delete
NAME **ESTRADA, GLORIA A**
STREET ADDRESS **9015 S.W. 125TH AVE., N-307**
CITY-ST-ZIP **MIAMI FL 33186**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **NICOT, JOSE L**
STREET ADDRESS **6705 S.W. 152ND PLACE**
CITY-ST-ZIP **MIAMI FL 33193**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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: ☒ **JOSE L NICOT**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/29/03

(813) 884-4729

Date

Daytime Phone #

CR2E034 (10/02)