

FILED
Sep 11, 2003 8:00 am
Secretary of State

09-11-2003 90083 014 ***150.00

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

DOCUMENT # P02000038574			
1. Entity Name RUBEN CABINETS INC.			
Principal Place of Business 1475 W 46 STREET APT. 437 HIALEAH, FL 33012		Mailing Address 1475 W 46 STREET APT. 437 HIALEAH, FL 33012	
2. Principal Place of Business 920 NW 128 CT Suite, Apt. #, etc.		3. Mailing Address 920 NW 128 CT Suite, Apt. #, etc.	
City & State MIAMI FL Zip 33182 Country USA		City & State MIAMI FL Zip 33182 Country USA	
4. FEI Number Applied For		☒ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent CALERO, ALBERTO 1475 W 46 STREET APT. 437 HIALEAH, FL 33012		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 920 NW 128 CT City MIAMI FL Zip Code 33182	
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 <u>Alberto Calero</u> DATE _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent's signature required when resigning)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Amended UBR is \$81.25 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 NAME STREET ADDRESS CITY-ST-ZIP	PD CALERO, ALBERTO 1475 W 46 STREET APT. 437 HIALEAH, FL 33012 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	920 NW 128 CT MIAMI FL 33182 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS 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 empowerments.			
SIGNATURE: <u>Alberto Calero</u> DATE _____ DAYTIME PHONE # _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

90155937

CR2E034 (10/02)

Attachment

September 8, 2003

90155937
P02000038574

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: P02000038574

Gentlemen:

In reference to the above mentioned corporation enclosed please find the renewal application due to the fact I never received the renewal report furnished by your office in which I could renew for 150.00.

I am enclosing 150.00 in order to renew my corporation.

Thank you,

Alberto Calero

Alberto Calero
President