

FILED
Feb 21, 2003 8:00 am
Secretary of State

2/3

02-03-2003 90137 026 ***150.00

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

DOCUMENT # P02000043042

1. Entity Name

KITCHEN CENTER DESIGN GROUP II, INC.



Principal Place of Business

3968 CURTISS PARKWAY
MIAMI SPRINGS FL 33166

Mailing Address

3968 CURTISS PARKWAY
MIAMI SPRINGS FL 33166

2. Principal Place of Business

28000 Federal Highway

Suite, Apt. #, etc.

FL

City & State

93306

Zip

Country

3. Mailing Address

90 NE 39 St

Suite, Apt. #, etc.

MIAMI

City & State

FL

33137

Country

4. FEI Number

05-4077968

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

MILLER, BONNIE

9050 PINE BOULEVARD

SUITE 384

PEMBROKE PINES FL 33024

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, if not printed name of registered agent and then applicable.

(NOTE: Registered Agent signature required when reinstating)

1/30/03
DATE

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 NAME STREET ADDRESS CITY-ST-ZIP

D PARRON, LEE
3968 CURTISS PARKWAY
MIAMI SPRINGS FL 33166

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)