

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # *P-02000072992*

1. Entity Name

3D Kitchen Cabinetry Inc
4421 SW 132 Ave.
Mia, FL 33175



FILED

03 JUN -9 AM 8:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4421 SW 132 Ave

Suite, Apt. #, etc.

3. Mailing Address

4421 SW 132 Ave

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Mia, FLA

City & State

Mia, FLA

4. FEI Number

61-1421174

Applied For

Not Applicable

Zip

33175

Country

USA

Zip

33175

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

DAVID M. KATLIN

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

1200 Jackson Ave

City

Mia

FL

Zip Code

33134

**DO NOT WRITE
IN THIS SPACE**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

5-22-03

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PRESIDENT
JESUS M. RODRIGUEZ
4421 SW 132 Ave
Mia, FL 33175

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

200020687972
*06/09/03--01023--020 **150.00*

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/22/03 305662-0663

Date

Daytime Phone #

CR2E034B (12/02)