

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

**FILED**  
**Sep 02, 2003 8:00 am**  
**Secretary of State**

09-02-2003 90185 042 \*\*\*150.00

**DOCUMENT # P02000084360**

1. Entity Name

**CABINETRY DESIGNS INC.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**2900 NW 42nd AVE.**

3. Mailing Address  
**2900 NW 42nd AVE.**

Suite, Apt. #, etc.  
**SUITE # 4028**

Suite, Apt. #, etc.  
**SUITE # 4028**

DO NOT WRITE IN THIS SPACE

City & State  
**COCONUT CREEK, FL**

City & State  
**COCONUT CREEK, FL**

4. FEI Number  
**48-1273683**

Applied For  
Not Applicable

Zip  
**33066**

Country  
**USA**

Zip  
**33066**

Country  
**USA**

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

**7. Name and Address of Registered Agent**

Name  
**JOSEPH TRALONGO**

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

**2900 NW 42nd AVE. SUITE # 4028**

City **COCONUT CREEK** **FL** Zip Code **33066**

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

**JOSEPH TRALONGO**

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) ☐

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**PRESIDENT**  
**JOSEPH TRALONGO**  
**2900 NW 42nd AVE. SUITE # 4028**  
**COCONUT CREEK, FL 33066**

TITLE  
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STREET ADDRESS  
CITY - ST - ZIP

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**DO NOT WRITE  
IN THIS SPACE**

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

**SIGNATURE:**

**JOSEPH TRALONGO, PRESIDENT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)

Attachment#

80142609

~~PO2000084360~~

DATE: 08-22-03

TO: **DIVISION OF CORPORATIONS  
UNIFORM BUSINESS REPORTS**

FROM: **CABINETRY DESIGNS INC.**

We did not receive from you the Uniform Business Report 2003 by mail.

Please file our renewal for this year.

If you have any questions please contact us at 561-970-7236



Thanks,  
**JOSEPH TRALONGO**  
**CABINETRY DESIGNS INC.**