2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91845 010 ***150.00

DOCUMENT # P02000098988

1. Entity Name
M & M KITCHEN CABINET DESIGN & INSTALLATION, INC

Principal Place of Business	Mailing Address
8440 S.W. 107TH AVENUE APT. 106 MIAMI FL 33173	8440 S.W. 107TH AVENUE APT. 106 MIAMI FL 33173

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
10820 SW 200 Dr	10820 SW 200 Dr
Suite, Apt. #, etc. 230	Suite, Apt. #, etc. 230
City & State Miam FL	City & State Miam Fl
Zip 33157 Country DADE	Zip 33157 Country DADE

4. FEI Number 05-0531354 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MANCILLA, JOSE L
8440 S.W. 107TH AVENUE
APT. 106
MIAMI FL 33173

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 ____________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PD	☐ Delete
NAME	MANCILLA, JOSE L	
STREET ADDRESS	8440 S.W. 107TH AVENUE APT. 106	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE	ST	☐ Delete
NAME	MANCILLA, JOSE L	
STREET ADDRESS	8440 S.W. 107TH AVENUE APT. 106	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE		☐ Delete
NAME		
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CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

CR2E034 (10/02)

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 03/04/2003 7865435607
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #