

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000000354

1. Entity Name

RAUL CABINET & FURNITURE, CORP.

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90078 022 ***150.00

Principal Place of Business

Mailing Address

5354 WEST 6TH LANE
 HIALEAH FL 33012

5354 WEST 6TH LANE
 HIALEAH FL 33012-2515

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0381203

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HERNANDEZ, RAUL
8193 N.W. 98TH ST.
HIALEAH GARDENS FL 33016

Name **ELENA HERNANDEZ**


Street Address (P.O. Box Number is Not Acceptable)
5354 W 6TH LN

City **HIALEAH**

FL

Zip Code **33012**

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 ELENA HERNANDEZ - 
 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)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	HERNANDEZ, RAUL	
STREET ADDRESS	5354 WEST 6TH LANE	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HERNANDEZ, ELENA	
STREET ADDRESS	5354 WEST 6TH LANE	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ELENA HERNANDEZ

Date

2/18/00

Daytime Phone #

CR2E034 (9/99)