

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000038243

1. Entity Name

ROYAL CABINETS II, INC.

Principal Place of Business  
922 HICKORY  
ALTAMONTE SPRINGS FL 32701

Mailing Address  
922 HICKORY  
ALTAMONTE SPRINGS FL 32701

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3166453

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KARAPIPERIS, GEORGE  
1094 OLEANDER STREET  
LONGWOOD FL 32750

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.

SIGNATURE

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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

T ☐ Delete  
TITLE  
NAME KARAPIPERIS, FOTINI  
STREET ADDRESS 1094 OLEANDER STREET  
CITY-ST-ZIP LONGWOOD FL 32750

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

P ☐ Delete  
TITLE  
NAME KARAPIPERIS, GEORGE  
STREET ADDRESS 1094 OLEANDER STREET  
CITY-ST-ZIP LONGWOOD FL 32750

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

V ☐ Delete  
TITLE  
NAME KARAPIPERIS, PETER  
STREET ADDRESS 1094 OLEANDER STREET  
CITY-ST-ZIP LONGWOOD FL 32750

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

S ☐ Delete  
TITLE  
NAME KARAPIPERIS, BASIL  
STREET ADDRESS 1094 OLEANDER STREET  
CITY-ST-ZIP LONGWOOD FL 32750

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

☐ Delete  
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CITY-ST-ZIP

☐ Change ☐ Addition  
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☐ Delete  
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☐ Change ☐ Addition  
TITLE  
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:

*Peter D Karaperis* RE: PETER D KARAPIPERIS 09-03-2000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (5/00)