

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90431 049 ***150.00

DOCUMENT # P93000049032

1. Entity Name

CANO'S CABINETS, INC.

Principal Place of Business

2040 GRANT STREET
HOLLYWOOD FL 33020

Mailing Address

2040 GRANT STREET
HOLLYWOOD FL 33020

2. Principal Place of Business

2040 Grant St.

Suite, Apt. #, etc.

3. Mailing Address

2040 Grant St.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Hollywood, F.Lorida

City & State

Hollywood, F.Lorida

4. FEI Number

65-0420682

Applied For

Not Applicable

Zip

33020

Country

USA

Zip

33020

Country

USA

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

CANO, MARCO
2040 GRANT STREET
HOLLYWOOD FL 33020

Name

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

2040 Grant Street

City

Hollywood

FL

Zip Code

33020

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

3/8/01

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

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\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME CANO, MARCO
STREET ADDRESS 1057 N 21ST AVE
CITY-ST-ZIP HOLLYWOOD FL 33020

☐ Delete

TITLE P
NAME CANO, MARCO
STREET ADDRESS 2040 CORANT STREET
CITY-ST-ZIP HOLLYWOOD FL 33020

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CITY-ST-ZIP

☐ Change ☐ Addition

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

Date

Daytime Phone #

3/8/01

(954) 921-1379

CR2E034 (10/00)