## 2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Mar 22, 2000 8:00 am Secretary of State DOCUMENT # **P94000079500** 1. Entity Name DENNIS CUSTOM CABINETS CORP. 03-22-2000 90219 022 \*\*\*150.00 Mailing Address Principal Place of Business C/O MAS 210 UNIVERSITY DR 1768 NW 38TH AVE LAUDERHILL FL 33311 CORAL SPRINGS FL 33071 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City'& State 65-0533928 Not Applicable Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MILLER, JOSEPH E Street Address (P.O. Box Number is Not Acceptable) 210 UNIVERSITY DR SUITE 502 **CORAL SPRINGS FL 33071** Zip Code FL 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 (NOTE. Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Addition DΡ □ Change ☐ Delete TITLE TITLE BUCHANAN, DENNIS C NAME NAME STREET ADDRESS STREET ADDRESS 1772 NW 38TH AVE. CITY-ST-ZIP CITY-ST-7IP LAUDERHILL FL Addition ☐ Change ☐ Delete TITLE **BUCHANAN, DENNIS C** NAME STREET ADDRESS STREET ADDRESS 1768 NW 38TH AVE CITY-ST-ZIP CITY-ST-ZIP LAUDERHILL FL ☐ Change Addition Delete TITLE TITLE NAME BUCHANAN, RENEE A NAME STREET ADDRESS STREET ADDRESS 17<del>68-NW 38TH AVE</del> CITY-ST-ZIP CITY-ST-ZIP LAUDERHILL FL TITLE ☐ Change Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS 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: