

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 29, 2001 08:00 AM**
Secretary of State**DOCUMENT # P94000081328**1. Entity Name
DENLA CABINETS, INC.

Principal Place of Business 3244 N. POWERLINE RD POMPANO FL 33069	Mailing Address 3244 N. POWERLINE RD POMPANO FL 33069
---	---

2. Principal Place of Business 3731 NW 9TH AVE.	3. Mailing Address 3731 NW 9TH AVE.
--	--

Suite, Apt. #, etc. 2	Suite, Apt. #, etc. 2
--------------------------	--------------------------

City & State POMPANO FL	City & State POMPANO FL
----------------------------	----------------------------

Zip 33064	Country	Zip 33064	Country
--------------	---------	--------------	---------

4. FEI Number 65-0534068	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentCHARBONNEAU PIERRE
3240 N. POWERLINE RD.

POMPANO FL

7. Name and Address of New Registered AgentName
CHARBONNEAU PIERREStreet Address (P.O. Box Number is Not Acceptable)
3731 NW 9TH AVE.

2

City
POMPANO FL Zip Code
33064

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 **PIERRE CHARBONNEAU**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

01/29/2001

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, 2001 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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHARBONNEAU PIERRE 3244 N POWERLINE RD POMPANO BCH FL 33069	<input type="checkbox"/> Delete
--	--	---------------------------------

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

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

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

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHARBONNEAU PIERRE 3731 NW 9TH AVE. #2 POMPANO BCH FL 33064	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
--	--	--

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

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

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

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

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

P

01/29/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)