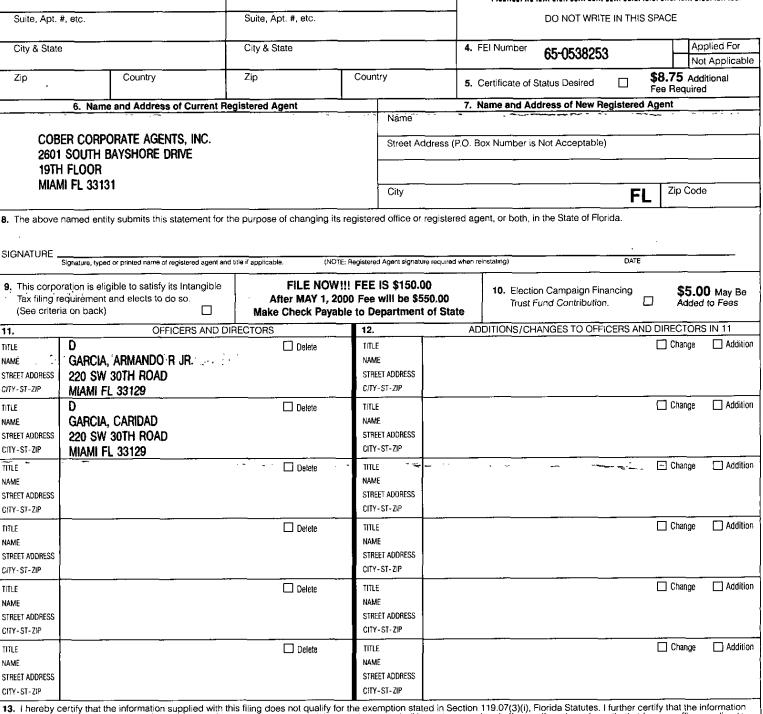
2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **P94000085848** 1. Entity Name ARMANDO GARCIA CUSTOM CABINETS, INC. 04-19-2000 90054 047 ***150.00 Mailing Address Principal Place of Business 2131 NW 23RD COURT 2131 NW 23RD COURT MIAM! FL MIAMI FL 33142-7251 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number 65-0538253 Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name COBER CORPORATE AGENTS, INC. Street Address (P.O. Box Number is Not Acceptable) 2601 SOUTH BAYSHORE DRIVE 19TH FLOOR **MIAMI FL 33131** 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. 11. n Change Delete TITLE GARCIA, ARMANDO R JR. NAME NAME STREET ADDRESS 220 SW 30TH ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33129 ☐ Change TITLE ☐ Delete TITLE

Apr 19, 2000 8:00 am Secretary of State



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. President_

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