0270095

₽

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000087348

1. Entity Name

DISCOUNT CABINET DEPOT, INC.



FILED Apr 23, 2003 8:00 am Secretary of State

04-23-2003 90241 006 ***150.00

Principal Plac 18744 MARLIN MIAMI FL 331 US	ROAD	3	1874	ng Address 4 MARLIN ROAD AI FL 33157							
2. Principal Place of Business				3. Mailing Address				L HOOKIOON ILO KOKII OLOKA BOKKI BOKII I	1641K BOLOK (1	406 1 0660 6100	01001 1111 1061
Suite, Apt. #, etc.				Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
City & State				City & State			4.	FEI Number 65-0542991			Applied For Not Applicable
Zip Country			Zip	Zip Country			5.	Certificate of Status Desired		8.75 A ee Requi	
6. Name and Address of Current Registered Agent							7.	Name and Address of New Reg	jistered A	gent	
						Name					•
LUCAS, MICHAEL				Street Address (P			ddress (P.O. I	O. Box Number is Not Acceptable)			
7860 SW 182 TERRACE				Short Addiess (i.e.							
MIAMI FL 33157											
						City			FL	Zip Co	de
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. I am familiar with, and accept the obligations of registered agent.											
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
								T			
FILE NOW!!! FEE IS \$150.00								9. Election Campaign Finar	naing	\$5.	00 May Be
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State								Trust Fund Contribution.		Àdde	ed to Fees
10.		OFFICERS AND) DBC	11.			L DDITIONS/CHANGES TO OFFIC	COC AND	DIDECTO	DC INL11	
TITLE	PD	UFFICERS AIN	DINECTO		TITL		A	DDITIONS/CHANGES TO OFFIC			
NAME.	LUCAS, M	CHAFI		☐ Delete	NAM	- 1				Change	☐ Addition
STREET ADDRESS		182 TERRACE				ET ADDRESS					
CITY-ST-ZIP	MIAMI FL					-ST-ZIP					ĺ
TITLE				Delete	TITLE		·		·	☐ Change	Addition
NAME	· ·			□1 ∩cicre	NAM					Onlingo	
STREET ADDRESS	-			A g . Se Management	1	ET ADDRESS~	***	s			J
CITY-ST-ZIP	ţ				CITY	-ST-ZIP					
TITLE				☐ Delete	TITLE					☐ Change	☐ Addition
NAME					NAM	E					
STREET ADDRESS					STRE	ET ADDRESS					
CITY-ST-ZIP	<u></u>				CITY	-ST-ZIP					
TITLE				Delete	TITLE	.				Change	☐ Addition
NAME					NAM	1					[
STREET ADDRESS						ET ADDRESS					-
CITY-ST-ZIP					-}	-ST-ZIP					}
TITLE				☐ Delete	TITLE	1				Change	☐ Addition
NAME STREET ADDRESS					NAM	,					
STREET ADDRESS						ET ADDRESS -ST-ZIP	•				
	<u> </u>									Choose	
TITLE . NAME				☐ Delete	TITLE	i				Change	☐ Addition
STREET ADDRESS		*		1. F. 1 F .		ET ADDRESS	127 6	• ·			(
CITY-ST-ZIP	,					ST-7IP		and the second	:		Ĭ

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Modos

395-254-8573

Daytime Phone