

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90215 017 ***150.00

DOCUMENT # P95000075376

1. Entity Name

MEZA CABINET, INC.



DO NOT WRITE IN THIS SPACE

11034184

2. Principal Place of Business
1470 SW 12th Ave

3. Mailing Address
1470 SW 12th Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Pompano Beach FL

City & State
Pompano Beach FL

4. FEI Number
65-0614813

Applied For
☐ Not Applicable

Zip
33869

Country
USA

Zip
33869

Country
USA

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Pastor Meza

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

1470 SW 12th Ave

City
Pompano Beach **FL** **Zip Code**
33869

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MEZA, PASTOR
4740 NW 24th Ct # 206
Lauderdale Lakes FL 33313

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MEZA, MARIA N
4740 NW 24th Ct # 206
Lauderdale Lakes - Fla. 33313

TITLE
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CITY - ST - ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pastor Meza 3/25/03 954-788-8728

Date

Daytime Phone #

CR2E034B (12/02)