

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000091350

1. Entity Name

KABINET ENTERPRISES, INC.

FILED
Aug 31, 2000 8:00 am
Secretary of State

08-31-2000 90111 024 ***150.00

Principal Place of Business

701 NW 57 PLACE
FT LAUDERDALE FL 33309
US

Mailing Address

701 NW 57 PLACE
FT LAUDERDALE FL 33309-2029
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0628515

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WLMC REGISTERED AGENTS, INC.
701 BIRCKELL AVENUE
SUITE 2000
MIAMI FL 33131

Name

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

City

FL

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)

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME

P
HOCHMAN, JOSE
21804 MARIGOT DR
BOCA RATON FL 33428

☐ Delete

STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME

STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME

STREET ADDRESS
CITY - ST - ZIP

☐ Delete

TITLE
NAME

STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME

STREET ADDRESS
CITY - ST - ZIP

☐ Delete

TITLE
NAME

STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME

STREET ADDRESS
CITY - ST - ZIP

☐ Delete

TITLE
NAME

STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME

STREET ADDRESS
CITY - ST - ZIP

☐ Delete

TITLE
NAME

STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME

STREET ADDRESS
CITY - ST - ZIP

☐ Delete

TITLE
NAME

STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSE HOCHMAN

Date

Daytime Phone #

8-24-00 957-772-6000

SECRETARY

CR2E034 (9/99)



KABINET ENTERPRISES INC.
701 N.W. 57TH Place Ft. Lauderdale, FL 33309 Fax: (954) 772-6046
Toll Free: 1 (877) 916-1160

(954) 772-6045

(954) 772-6046

Toll Free: 1 (877) 916-1160

attachment
#950000912
B0104901

August 1, 2000

To Whom It May Concern,

Unfortunately, I did not receive the first report of 2000 uniform business report.

Yours truly,

A handwritten signature in cursive script, appearing to read 'Jose Hochman'. The signature is written in dark ink and is positioned above the printed name 'Jose Hochman'.

Jose Hochman