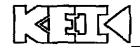
2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment w

SIGNATURE:

FILED Aug 31, 2000 8:00 am Secretary of State DOCUMENT # P95000091350 1. Entity Name KABINET ENTERPRISES, INC. 08-31-2000 90111 024 ***150.00 Principal Place of Business Mailing Address 701 N W 57 PLACE 701 NW 57 PLACE FT LAUDERDALE FL 33309-2029 FT LAUDERDALE FL 33309 US HS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apl. #, etc DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0628515 Not Applicable Žip Country Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WLMC REGISTERED AGENTS, INC. Street Address (P.O. Box Number is Not Acceptable) 701 BIRCKELL AVENUE **SUITE 2000** MIAMI FL 33131 Zip Code City .6. 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 \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. (66/6)Addition ☐ Delete TITI F Change TITLE HOCHMAN, JOSE NAME NAME CR2E034 STREET ADDRESS STREET ADDRESS 21804 MARIGOT DR CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33428** ☐ Change ☐ Addition ☐ Oelele TITLE NAME NAME. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Defete ME Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition Change TITLE ☐ October TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP upplied with this filing close not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information hal 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 instee amountment of the equite this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information indicated on this report or supplement of the corporation of the receiver of



KABINET ENTERPRISES INC. (954) 772-6045 775 6000 701 N.W. 57TH Place Ft Landerdale, FL 33309 Fax: (954) 772-6046 80 0 990

August 1, 2000 '

To Whom It May Concern,

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

Yours truly,