

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000097956

1. Entity Name

FOR LADY KITCHEN CABINETS, INC.

FILED

Feb 27, 2001 8:00 am
Secretary of State

02-27-2001 90298 033 ***150.00

Principal Place of Business

511 N.W. 82ND AVE.
#407
MIAMI FL 33126

Mailing Address

511 N.W. 82ND AVE.
#407
MIAMI FL 33126

2. Principal Place of Business

8964 NW 164 ST

Suite, Apt. #, etc.

3. Mailing Address

8964 NW 164 ST

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Miami FL

City & State

Miami FL

4. FEI Number

65-0629656

Applied For

Not Applicable

Zip

33018

Country

U.S.A.

Zip

33018

Country

U.S.A.

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

LEON, OMAR
511 N.W. 82ND AVE.
#407
MIAMI FL 33126

Name

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

8964 NW 164 ST

City

Miami

FL

Zip Code

33018

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)

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FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

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\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME LEON, OMAR
STREET ADDRESS 511 N.W. 82ND AVE. #407
CITY-ST-ZIP MIAMI FL 33126

☐ Delete

TITLE
NAME
STREET ADDRESS 8964 NW 164 ST
CITY-ST-ZIP MIAMI FL 33018

☒ Change ☐ Addition

TITLE
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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

02/18/01 (305) 796 4207
Date Daytime Phone #

CR2E034 (10/00)