

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000001621

1. Entity Name

IVANEL CUSTOM CABINETS, INC.

FILED
Sep 07, 2000 8:00 am
Secretary of State

09-07-2000 90064 022 ***150.00

Principal Place of Business

10851 SW 188 ST
MIAMI FL 33157

Mailing Address

10851 SW 188 ST
MIAMI FL 33157

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

65-0748328

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

HARTLEY, TIMOTHY M ESQ
80 SOUTHWEST 8TH STREET
MIAMI FL 33130

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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
STREET ADDRESS
CITY-ST-ZIP
D
JOSLIN, JOHN P
10851 SW 188 STREET
MIAMI FL 33157 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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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

Date

Daytime Phone #

CR2E034 (5/00)

9/5/2000
attachment doc #
pg 700000 1621
A0075679

FROM JOHN JOSUN
IVANBL Custom CABINETS, INC
10951 SW 188 ST
MIAMI, FL 33157

TO: DIVISION OF CORPORATIONS
UNIFORM BUSINESS REPORTS FILING
PO BOX 1500
TALLAHASSEE FL 32302-1500

TO WHOM IT MAY CONCERN

DUE TO THE NON RECEIPT OF THE
ORIGINAL MAILING OF THIS ENCLOSED
FORM, I WAS NOT ABLE TO COMPLETE
AND RETURN THE ORIGINAL FILING.

UPON RECEIPT OF THE SECOND FORM,
YOUR OFFICE WAS CONTACTED BY MY
WIFE WHO SPOKE TO CYNTHIA _____
WHO TOLD HER TO COMPLETE THE FORM
AND ENCLOSE A CHECK FOR THE ORIGINAL
\$150.00.

IF THERE IS ANY QUESTION, PLEASE
CONTACT MY RESIDENCE AT 11270 SW 113 TER
MIAMI, FL 33176 OR BY PHONE 305-255-2194.

SINCERELY

John Josun