## 2000 UNIFORM BUSINESS REPORT (UBR) FILED Jul 26, 2000 8:00 am DOCUMENT # P97000057101 1. Entity Name Secrétary of State CONTINENTAL CABINETS, INC. 07-26-2000 90043 013 \*\*\*550.00 Principal Place of Business Mailing Address 1580 NW 3RD STREET 1313 SOUTH MILITARY TR DEERFIELD BEACH FL 33442 DEERFIELD BEACH FL 33442 UUU/4J35 2. Principal Place of Business 3. Mailing Address 1580 N K Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0763423 Not Applicable Zip Country **\$8.75** Additional 5. Certificate of Status Desired ---3344J 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent YAMIN, HAIM Street Address (P.O. Box Number is Not Acceptable) 7790 LAGO DEL MAR DRIVE #906 CARNEL COURT BOCA RATON FL 33433 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 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. **PSTD** Change Change CR2E034 (5/00) TITLE ☐ Delete NAME YAMIN, HAIM 7204 CARMEL COURT STREET ADDRESS STREET ADDRESS 7790 LAGO DEL MAR DRIVE BOCA RATON, FL. 33433 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33433** Change ☐ Addition ☐ Delete TITLE TITLE NAME YAMIN, CAROLINE NAME STREET ADDRESS STREET ADDRESS 7204 CARMEL 1580 NW 3RD STREET FL:=33433-CITY-ST-ZIP= CITY ST-ZIP --DEERFIELD BEACH FL 33442 ☐ Delete ☐ Change ☐ Addition TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE

13. I hereby certify that the information supplied with this filling 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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

SPANATURE FOULTHIN YAMIN

7/19/00

954-427-1552.

Daytime Phone #