

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2000 8:00 am
Secretary of State
 05-16-2000 90029 003 ***150.00

DOCUMENT # P97000083400 ✓
1. Entity Name J. PAUL CABINETS Corp. ✓

Principal Place of Business Mailing Address
 4301 OAK CIRCLE #19
 BOCA RATON, FLORIDA
 33431

2. Principal Place of Business 4301 OAK CIRCLE
 Suite, Apt. #, etc. #19
City & State BOCA RATON, FL

3. Mailing Address SAME
 Suite, Apt. #, etc.
City & State
 Zip 33431 Country PALM BEACH

DO NOT WRITE IN THIS SPACE
4. FEI Number 65-0784098 ✓
 Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 AMERICA LAUER CHARTERED
 343 ALMERIA AVENUE
 CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent
 Name Jay Jarmosik
 Street Address (P.O. Box Number is Not Acceptable) 4301 OAK CIRCLE #19
 City BOCA RATON FL Zip Code 33431

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 Jay Jarmosik Jay Jarmosik 04-14-00
 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	PTD	<input type="checkbox"/> Delete	TITLE	PTD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jarmosik Jay P.		NAME	Jarmosik Jay P.	
STREET ADDRESS	3620 NW 3rd AVE		STREET ADDRESS	3620 NW 3rd AVE	
CITY-ST-ZIP	BOCA RATON, FL 33431		CITY-ST-ZIP	BOCA RATON, FL 33431	
TITLE	SVD	<input type="checkbox"/> Delete	TITLE	SVD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jarmosik Paul		NAME	Jarmosik Paul	
STREET ADDRESS	5701 CAMINO DEL SOL		STREET ADDRESS	5701 CAMINO DEL SOL	
CITY-ST-ZIP	BOCA RATON FL 33433		CITY-ST-ZIP	BOCA RATON, FL 33433	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: Jay Jarmosik 04-14-00 561-7501259
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)