

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

DO NOT WRITE IN THIS SPACE

Zip 33431 Country FLORIDA
 Zip Country

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
AMERILA WYER 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 DATE 04-14-00
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 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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<u>PTD</u>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>Jarmosik Jay P.</u>	
STREET ADDRESS	<u>3620 NW 3rd AVE</u>	
CITY-ST-ZIP	<u>BOCA RATON, FL 33431</u>	
TITLE	<u>SVD</u>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>Jarmosik Paul</u>	
STREET ADDRESS	<u>5701 CAMINO DEL SOL</u>	
CITY-ST-ZIP	<u>BOCA RATON, FL 33433</u>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 DATE 04-14-00 DAYTIME PHONE # 561-7501259
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)