

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000008258

1. Entity Name
RAMS KITCHEN CABINETS, INC.

FILED
Jul 25, 2000 8:00 am
Secretary of State

07-25-2000 90004 032 ***150.00

Principal Place of Business
~~2738 S.W. 12TH STREET~~
~~MIAMI FL 33135~~
7030 N.W. 37th Ct.
Miami, FL 33147

Mailing Address
~~2738 S.W. 12TH STREET~~
~~MIAMI FL 33135~~
7030 N.W. 37th Ct.
Miami, FL 33147

2. Principal Place of Business
7030 N.W. 37th Ct.
Suite, Apt. #, etc.

3. Mailing Address
7030 N.W. 37th Ct.
Suite, Apt. #, etc.

City & State
Miami, FL

City & State
Miami, FL

Zip
33147

Country
U.S.A.

Zip
33147

Country
U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0719802 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SANCHEZ, SANDY
~~2738 S.W. 12TH STREET~~
~~MIAMI FL 33135~~
2255 S.W. 131 Place
Miami, FL 33175

7. Name and Address of New Registered Agent
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 _____ DATE _____
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 \$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 | P | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | SANCHEZ, SANDY | | NAME | | |
| STREET ADDRESS | 2738 SW 12 ST | | STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI FL 33125 | | CITY-ST-ZIP | | |
| | 2255 S.W. 131 Place | | | | |
| | Miami, FL 33175 | | | | |
| 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 | | |
| 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 | | |

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)



Rams Kitchen Cabinets, Inc.

3586 N.W. 71st Street • Miami, Florida 33147

Tel: (305) 694-9067 • Fax: (305) 694-9097

Attachment
of P9800008258
UBR 991

July 18, 2000

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: Document #P98000008258, FEI Number 65-0719802

To whom it may concern:

Enclosed please find 2000 Uniform Business Report (UBR) form filled out in its' entirety and noting changes of address. The reason for the delay was that we moved since November/99, therefore, we did not receive this form until now. We apologize; please accept our application and filing fee for \$150.00.

Thanking you in advance for your prompt attention to this matter.

Sincerely,


Sandy Sanchez
President