

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Feb 23, 2000 8:00 am**  
**Secretary of State**

02-23-2000 90011 012 \*\*\*150.00

**DOCUMENT # P98000011332**

1. Entity Name

**JOO CABINET, INC.**

Principal Place of Business

1751 S DIXIE HWY. BLDG B-28  
POMPANO BEACH FL 33060

Mailing Address

1751 S DIXIE HWY. BLDG B-28  
POMPANO BEACH FL 33060-8931

LUU18233



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0807831**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**DAVID R. ROY, P.A.**  
**4209 N FEDERAL HWY**  
**POMPANO BEACH FL 33064**

Name

**Yoon-Bok Joo**

Street Address (P.O. Box Number is Not Acceptable)

**1751 S. Dixie Hwy Bldg. B-28**

City

**Pompano Beach**

FL

Zip Code

**33060**

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

**Yoon-Bok Joo, President**

**1/14/00**

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 effects 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOO, YOON-BOK		NAME	
STREET ADDRESS	1751 S DIXIE HWY, BLDG B-28		STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33060		CITY-ST-ZIP	
TITLE	VSD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOO, YUEN-HEE		NAME	
STREET ADDRESS	1751 S DIXIE HWY, BLDG B-28		STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33060		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:

**Yoon-Bok Joo**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/14/00**  
Date

**(954) 784-1700**  
Daytime Phone #

CR2E034 (9/99)