

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 06, 2001 8:00 am**  
**Secretary of State**

09-06-2001 90051 032 \*\*\*550.00

0117888 AT

**DOCUMENT # P98000031973**

1. Entity Name  
**EXTRA CABINETS CORPORATION**

Principal Place of Business  
**711 S. DIXIE EAST BAY #6**  
**POMPANO BEACH FL 33060**

Mailing Address  
**P.O. BOX 23806**  
**FT. LAUDERDALE FL 33307**

2. Principal Place of Business

**711 S. Dixie East Bay #6**  
 Suite, Apt. #, etc.

3. Mailing Address

**P.O. Box 23806**  
 Suite, Apt. #, etc.

City & State

**Pompano Beach.**

Zip  
**33060**

Country  
**Broward**

City & State

**Ft. laud. FL**

Zip  
**33307**

Country  
**Broward**

4. FEI Number  
**65-0826624**

Applied For  
 Not Applicable

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**GONZALEZ, ANA**  
**410 NE 61 CT.**  
**FT. LAUDERDALE FL 33334**

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

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 \$550.00**  
**After September 12, 2001 Fee 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

TITLE  
 NAME **D GONZALEZ, ANA D** ☐ Delete  
 STREET ADDRESS **410 NE 61 CT.**  
 CITY-ST-ZIP **FT. LAUDERDALE FL 33307**

TITLE  
 NAME **D ROBLES, LUZ STELLA** ☐ Delete  
 STREET ADDRESS **711 S. DIXIE E. BAY 6**  
 CITY-ST-ZIP **POMPANO BEACH FL 33060**

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

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TITLE  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 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 REQUIRED. GONZALEZ**

Date **8-25-01** Daytime Phone # **(954) 351-9514**

CR2E034 (5/01)