

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 14, 2002 8:00 am**  
**Secretary of State**

03-14-2002 90059 004 \*\*\*150.00

**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**

156 NE 33rd Street

**3. Mailing Address**

Suite, Apt. #, etc.

**City & State**

Oakland Park, FL

**City & State**

**Zip**

33307

**Country**

**Zip**

**Country**

**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**

Jose W. Restrepo

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

11211 W. Atlantic Blvd. #308

**City**

Coral Springs

**FL**

**Zip Code**

33091

**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**

Jose W Restrepo

Jose W Restrepo

2/27/02

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, 2002 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**

<b>TITLE</b>	<b>D</b>	<input checked="" type="checkbox"/> Delete
<b>NAME</b>	GONZALEZ, ANA D	
<b>STREET ADDRESS</b>	410 NE 61 CT.	
<b>CITY-ST-ZIP</b>	FT. LAUDERDALE FL 33307	
<b>TITLE</b>	<b>D</b>	<input type="checkbox"/> Delete
<b>NAME</b>	ROBLES, LUZ STELLA	
<b>STREET ADDRESS</b>	711 S. DIXIE E. BAY 6	
<b>CITY-ST-ZIP</b>	POMPANO BEACH FL 33060	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
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<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>	<b>PIT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAME</b>	Jose W. Restrepo	
<b>STREET ADDRESS</b>	11211 W. Atlantic Blvd #308	
<b>CITY-ST-ZIP</b>	Coral Springs, FL 33091	
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**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:** Luz Stella Robles  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/02 (954) 561-8780  
 Date Daytime Phone #

CR2E034 (9/01)