

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 08, 2002 8:00 am
Secretary of State

07-08-2002 90231 021 ***558.75

DOCUMENT # P98000059950

1. Entity Name

21ST CENTURY CUSTOM CABINET INSTALLOR, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

17303 NW 24th Place

Suite, Apt. #, etc.

3. Mailing Address

17303 NW 24th Place

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Miami, FL

City & State
Miami, FL

4. FEI Number

65-0847989

Applied For
Not Applicable

Zip

33056

Country

USA

Zip

33056

Country

USA

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
CAMPBELL, ORAL W

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

17303 NW 24th Place

City
Miami

FL

Zip Code
33056

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

Oral W. Campbell

Oral W. Campbell, President

07/01/02

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) ☐

**January 1 - May 1: Fee is \$150.00
After May 1: Fee is \$550.00
Amended UBR is \$61.25
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
PSTD
NAME
Campbell, Oral W
STREET ADDRESS
17303 NW 24th Place
CITY- ST- ZIP
Miami, FL 33056

TITLE
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STREET ADDRESS
CITY- ST- ZIP

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CITY- ST- ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address with all other like empowered.

SIGNATURE:

Oral W. Campbell

Oral W. Campbell, President

07/01/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Title

Daytime Phone #

CR2E034B (12/01)