## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR

## P98000059950 **DOCUMENT #**

1. Entity Name

21ST CENTURY CUSTOM CABINET INSTALLOR, INC.



## FILED Feb 12, 2003 8:00 am Secretary of State

02-12-2003 90128 005 \*\*\*158.75

17303 N.W. 24 MIAMI FL 3305		8	17303	Mailing Address 17303 N.W. 24TH PLACE MIAMI FL 33056												
2. Principal Place of Business			3. Mai	3. Mailing Address							ISI WURIA UUI	IUI BIILD		13 <b>3</b> 01111	<b>13</b> 11   <b>11</b> 11	
Suite, Apt. #, etc.			Suite	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES								
City & State			City	City & State			4.	4. FEI Number 65-0847989					$\vdash$		ed For oplicable	7
Zip	Country			Zip Co.			5. Certificate of Status Desired			Desired	X		.75 A		onal	]
-	6. Name	and Address of Curi	ent Registere	ed Agent			7. (	Name and A	Address	of New F	Register	ed Age	nt			
OAMBBELL	ODAL W					Name			,							
CAMPBELL, ORAL W 17303 N.W. 24TH PLACE				Street Ado			ddress (P.O. E	Box Number	is Not Ac	ceptable	e)					1
MIAMI FL		406			}				·_ · · ·							1
IANSIAN I F	00000				ŀ	City	-					-1	Zip Co	ode		┨
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	named entit lons of regist	y submits this stateme ered agent.	nt for the purp	ose of changing its	registere	d office or	registered ag	jent, or both	, in the St	tate of Fi	orida. Ta	am tam	illar wit	n, and	а ассерт	
SIGNATURE .	Signature, typed	or printed name of registered a	agent and title if app	olicable. (NOTE	E: Registered	Agent signat	ure required when r	einstating)			DAT	ΓE				
Afte	r May 1, 20	! FEE IS \$150.00 03 Fee will be \$550						1	tion Cam		_		<b>\$5</b> Add	<b>.00</b> led to	May Be Fees	
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12. I hereby certify that the information supplied with this filling 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

DRAL W. CAMPBELL