

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED 07-14-2003 90164 033 \*\*\*150.00  
P98000092366

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000092366

1. Entity Name

KITCHENS & BATHS BY MICHAEL, INC.



Principal Place of Business

7431 N.W. 23RD STREET  
SUNRISE FL 33313

Mailing Address

7431 N.W. 23RD STREET  
SUNRISE FL 33313

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0873911

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ANTONAKOS, MICHAEL  
7431 N.W. 23RD STREET  
SUNRISE FL 33313

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00  
Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PSD  
ANTONAKOS, MICHAEL  
7431 N.W. 23RD STREET  
SUNRISE FL 33313 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

*Signature of Michael Antonakos*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL ANTONAKOS 7-9-03 (954-677-9704)

Date

Daytime Phone #

CR2E034 (4/03)

*attachment*

*Kitchens & Baths By  
Michael, Inc.*

90142018  
~~#P98000092364~~  
2718 NW 30<sup>th</sup> Way  
Lauderdale Lakes, FL 33311  
Phone: (954) 677-9701

July 9, 2003

Re: P98000092366  
EIn: 65-0873911  
Kitchens & Baths by Michael, Inc.

To whom it may concern;

Please accept my check #2849 in the amount of \$150.00 as full renewal payment for the above corporation, with the following explanation.

For the past several months I have been incapacitated with complications of diabetes. Your records will show that I have not been late with my payment in the past and, therefore I respectfully request a pardon of any penalty fees due at this time.

Thank you for your consideration of my request.

Sincerely,



Michael Antonakos  
(Owner)