

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Aug 08, 2000 8:00 am**  
**Secretary of State**

08-08-2000 90094 008 \*\*\*150.00

**DOCUMENT # P99000001367**

1. Entity Name

**FLORIDA CABINETS & DISTRIBUTING, INC.**

Principal Place of Business

1285 SW 17TH WAY  
DAVIE FL 33325

Mailing Address

1285 SW 17TH WAY  
DAVIE FL 33325

2. Principal Place of Business

11471 W. Sample Rd.

Suite, Apt. #, etc.

Suite # 41

City & State

Coral Springs, FL

Zip

33065

Country

Broward

3. Mailing Address

11471 W. Sample Rd.

Suite, Apt. #, etc.

Suite # 41

City & State

Coral Springs, FL

Zip

33065

Country

Broward



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0886714

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

LAROCHELLE, MARIE  
1285 SW 17TH WAY  
DAVIE FL 33325

7. Name and Address of New Registered Agent

Name

JACK TRAKONGO

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

2850 NW 106 AVE

City

Coral Springs

FL

Zip Code

33065

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

7/21/00

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 13, 2000 Min. 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	D	<input checked="" type="checkbox"/> Delete
NAME	LAROCHELLE, MARIE	
STREET ADDRESS	1285 SW 17TH WAY	
CITY-ST-ZIP	DAVIE FL 33325	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P.D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JACK TRAKONGO	
STREET ADDRESS	2850 NW 106 AVE	
CITY-ST-ZIP	Coral Springs, FL 33065	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/21/00

Date

Daytime Phone #

CR2E034 (5/00)

Attachment  
D# 9900001367  
P0079370

As per our phone conversation, & since Marie LaRoche He is no longer with the company, we did not receive this statement until the end of July. There fore, we were told that we could pay \$150.00 and would waive the \$550.00. Thank you.

Attached

#99000001367

Jack Tralongo