

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90301 046 \*\*\*150.00

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**DOCUMENT # P99000003327**

1. Entity Name

BELETTE'S CUSTOM CABINETS, INC.



Principal Place of Business

16214 S.W. 302ND STREET  
HOMESTEAD FL 33033

Mailing Address

16214 S.W. 302ND STREET  
HOMESTEAD FL 33033

2. Principal Place of Business

250 NW 12 ST.

3. Mailing Address

250 NW 12 ST

Suite, Apt. #, etc.

#6

Suite, Apt. #, etc.

#6

City & State

Florida City FL

City & State

Florida City FL

Zip

33034

Country

EU

Zip

33034

Country

EU

4. FEI Number

65-0888970

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

BELETTE, SENEN

16214 SW 302 ST

HOMESTEAD FL 33033

7. Name and Address of New Registered Agent

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 \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**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

TITLE ☐ Delete  
NAME P  
STREET ADDRESS BELETTE, FRANCISCO  
CITY-ST-ZIP 30107 S.W. 162ND AVENUE  
HOMESTEAD FL 33033

TITLE ☐ Delete  
NAME S  
STREET ADDRESS BELETTE, MARINO  
CITY-ST-ZIP 450 E. MOWRY DRIVE, APARTMENT 7  
HOMESTEAD FL 33035

TITLE ☐ Delete  
NAME T  
STREET ADDRESS BELETTE, SENEN  
CITY-ST-ZIP 16214 S.W. 302ND STREET  
HOMESTEAD FL 33033

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Belette* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/03

Date

Daytime Phone #

CR2E034 (10/02)