

2000 UNIFORM BUSINESS REPORT (UBR)

3/2:

FILED
May 09, 2000 8:00 am
Secretary of State

03-22-2000 90187 020 ***150.00

DOCUMENT # P99000017871

1. Entity Name

COMPARE & SAVE CABINETS, INC.

Principal Place of Business

Mailing Address

5075 PINE HILL APT. 337
 W. PALM BEACH FL 33415

5075 PINE HILL APT. 337
 W. PALM BEACH FL 33415

2. Principal Place of Business

3. Mailing Address

1852 LATHAM RD

"SAME"

Suite, Apt. #, etc.

Suite, Apt. #, etc.

N/A

N/A

City & State

City & State

WEST PALM BEACH

N/A

4. FEI Number

Applied For

65-0902690

Not Applicable

Zip

Country

Zip

Country

FL 33409

Palm BEACH

33409

N/A

5. Certificate of Status Desired

\$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

CARRION, JESUS
 5075 PINE HILL APT. 337
 W. PALM BEACH FL 33415

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

[Signature]

4-4-00

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 \$150.00
 After MAY 1, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
	JESUS B. CARRION <input type="checkbox"/> Delete 5075 PINE HILL APT 337 WEST PALM BEACH FL 33415		<input type="checkbox"/> Change <input type="checkbox"/> Addition N/A
	<input type="checkbox"/> Delete N/A		<input type="checkbox"/> Change <input type="checkbox"/> Addition N/A
	<input type="checkbox"/> Delete N/A		<input type="checkbox"/> Change <input type="checkbox"/> Addition N/A
	<input type="checkbox"/> Delete N/A		<input type="checkbox"/> Change <input type="checkbox"/> Addition N/A
	<input type="checkbox"/> Delete N/A		<input type="checkbox"/> Change <input type="checkbox"/> Addition N/A
	<input type="checkbox"/> Delete N/A		<input type="checkbox"/> Change <input type="checkbox"/> Addition N/A

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Signature]

3-14-00 (561) 7128775

C:\P\F034 10/00