

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 27, 2002 8:00 am
Secretary of State

02-27-2002 90065 028 ***150.00

DOCUMENT # *P99 0000 33438* ✓

1. Entity Name
A.A. Santa Clara Cabinets Shop, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Lakeland

3. Mailing Address
4214 Holden Rd.

DO NOT WRITE IN THIS SPACE

City & State
Lakeland, Florida

City & State
Lakeland, Florida

4. FEI Number
65-0907866

Applied For
Not Applicable

Zip
33811

Country
U.S.A.

Zip
33811

Country
U.S.A.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Andrés de la Paz

Street Address (P.O. Box Number is Not Acceptable)
2051 High Vista Dr.

Lakeland, FL 33813

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 _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY-ST-ZIP
*President
Andrés de la Paz
2051 High Vista Dr.
Lakeland, Fla. 33813*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*Vice President
Ada de la Paz
2051 High Vista Dr.
Lakeland, Fla. 33813*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address with all other like empowered.

SIGNATURE: *Andrés de la Paz*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-11-2002 843.701.0037
Date Daytime Phone #

CR2E034B (12/01)