

DOCUMENT # P99000052008

1. Entity Name

FREDY'S CABINET, INC.

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90034 015 ***150.00

Principal Place of Business

2496 WEST 64 Place
Hialeah FL 33016

Mailing Address

2496 West 64 Place
Hialeah FL 33016

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0925613

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FREDY HERNANDO GARCIA
2496 WEST 64 Place
Hialeah FL 33016

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.

SIGNATURE

Fredy H. Garcia

Signature of officer or director of the entity and title if applicable.

NOTE: Registered agent signature required when reinstating.

03/30/01

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 State10. Election Campaign Financing
Trust Fund Contribution☐ \$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

FREDY HERNANDO GARCIA
2496 WEST 64 Place
HIALEAH, FL 33016☐ Delete

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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☐ Delete

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STREET ADDRESS

CITY - ST - ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN

☐ Change☐ Add

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ Change☐ Add

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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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 807, Florida Statutes; and that my name appears in Block 11 or Block 12 changed, or on an attachment with an affidavit, with all other like empowered.

SIGNATURE:

Fredy H. Garcia

SIGNATURE AND TITLE ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/30/01 (325) 512 5098

Daytime Phone