

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P990000 52008

1. Entity Name

FREDY'S CABINET, INC

Principal Place of Business

Mailing Address

2496 West 64 Place
Hialeah FL 33016

2496 West 64 Place
Hialeah FL 33016

2. Principal Place of Business

3. Mailing Address

13911 SW 122 Ave
Suite, Apt. #, etc. 102

13911 SW 122 Ave
Suite, Apt. #, etc. 102

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33186

Country

Zip

33186

Country

4. FEI Number

65-0925613

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

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)

☒

FILE NOW!!! FEE IS \$950.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRESIDENT ☐ Delete
NAME GARCIA FREDY HERNANDO
STREET ADDRESS 13911 SW 122 Ave Apt 102
CITY-ST-ZIP MIAMI FL 33186

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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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 as changed, or on an attachment with an address, with all other like empowered.

FILED

02 MAY -3 AM 11:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E034 (5/00)

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4/28/02 (2nd) 969-2859