

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90662 014 ***150.00

DOCUMENT # P99000053454

1. Entity Name

TOP SHELF CABINETRY, INC.

Principal Place of Business

**2111 NW 79 AVENUE
 MIAMI FL 33126**

Mailing Address

**2111 NW 79 AVENUE
 MIAMI FL 33126**

2. Principal Place of Business

10735 SW 216 ST

Suite, Apt. #, etc.

416

3. Mailing Address

10735 SW 216 ST

Suite, Apt. #, etc.

416

City & State

Miami FL

City & State

Miami FL

Zip

33170

Country

USA

Zip

33170

Country

USA

6. Name and Address of Current Registered Agent

SMITH, SHELBY

**2111 NW 79 AVENUE
 MIAMI FL 33126**

7. Name and Address of New Registered Agent

Name

Shelby Smith

Street Address (P.O. Box Number is Not Acceptable)

10735 SW 216 ST #416

City

Miami

FL

Zip Code

33170

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

4-22-02

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, 2002 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

TITLE **DP** ☐ Delete
 NAME **SMITH, SHELBY**
 STREET ADDRESS **2111 NW 79 AVENUE**
 CITY-ST-ZIP **MIAMI FL 33126**

TITLE **VP** ☐ Delete
 NAME **SIEGFRIED, DAVID**
 STREET ADDRESS **21655 SW 104 CT, APT 107**
 CITY-ST-ZIP **MIAMI FL 33190**

TITLE **ST** ☐ Delete
 NAME **SCLEASE, LOUIS**
 STREET ADDRESS **10705 SW 216 ST, D-202**
 CITY-ST-ZIP **MIAMI FL 33170**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 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 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

4-22-02

Date

305-594-9455

Daytime Phone #

CR2E034 (9/01)