

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

FILED
May 21, 2003 8:00 am
Secretary of State

05-21-2003 90194 001 ***150.00

DOCUMENT # **P 99000065364**

1. Entity Name

RAMIREZ CABINET CARPENTRY, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4575 S.W. 75 Ave

3. Mailing Address

4575 S.W. 75 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Miami FL

City & State

Miami FL

4. FEI Number

65-0936234

Applied For

☐ Not Applicable

Zip

33155

Country

None

Zip

33155

Country

None

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name **NARCISO RAMIREZ**

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

4575 S.W. 75 Ave

City

Miami

FL

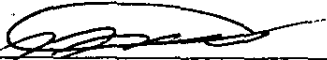
Zip Code

33155

**DO NOT WRITE
IN THIS SPACE**

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



(NOTE: Registered Agent signature required when reappointing)

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

NAME **P. RAMIREZ NARCISO**
STREET ADDRESS **6311 S.W. 6 Street**
CITY-ST-ZIP **Miami FL 33144**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

NAME **VP. RAMIREZ YANDY**
STREET ADDRESS **6311 S.W. 6 Street**
CITY-ST-ZIP **Miami FL 33144**

TITLE
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/25/03

(301) 975-3806

CR2E0348 (12/01)