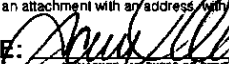


FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91435 025 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P99000072261			
1. Entity Name THE KITCHEN CUPBOARD, INC.			
Principal Place of Business 17048 NW 22ND ST. PEMBROKE PINES, FL 33028		Mailing Address 17048 NW 22ND ST. PEMBROKE PINES, FL 33028	
2. Principal Place of Business 9268 COVE POINT CIR		3. Mailing Address same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State BOYNTON BEACH		City & State	
Zip 33437	Country	Zip	Country
4. FEI Number 65-0944522		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WEINREB, DVORA ESQ. 9900 STIRLING RD., SUITE 230 COOPER CITY, FL 33024		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent's signature required when changing) Signature, typed or printed name of registered agent and title if applicable. DATE			
FILE NOW!!! FEB IS \$150.00 After May 1, 2003 Fee will be \$350.00 Make Check Payable to Florida Department of State			
9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SOLOMON, GARY 17048 NW 22ND STREET HOLLYWOOD, FL 33028 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SOLOMON GARY 9268 COVE POINT CIR BOYNTON BEACH FL 33437 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE:  GARY SOLOMON		4/24/03 561 734 9128	
SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

90112226



☐ CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)