

2000 UNIFORM BUSINESS REPORT (UBR)

5/1

FILED

Jun 08, 2000 8:00 am
Secretary of State

05-10-2000 90094 029 ***150.00

DOCUMENT # P99000103093

1. Entity Name

CABINETS & CLOSETS INC.

Principal Place of Business

Mailing Address

10115 N.W. 46TH STREET
SUNRISE FL 33351

10115 N.W. 46TH STREET
SUNRISE FL 33351

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

52 220 1174

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BARR, DEE ANN

3850 N.W. 94TH AVENUE
HOLLYWOOD FL 33024

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 \$150.00
After MAY 1, 2000 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: DIRECTOR
NAME: DEE E. NICHOLS
STREET ADDRESS: 10332 SW 50CT.
CITY-STATE-ZIP: COOPER CITY, FL 33328

☐ Delete

TITLE: PRESIDENT
NAME: LEROY McMAHON
STREET ADDRESS: 1052 NW 63ST
CITY-STATE-ZIP: MIAMI FL 33150

☐ Delete

TITLE: SECRETARY
NAME: SHAWN BARR
STREET ADDRESS: 3850 NW 94 AVE
CITY-STATE-ZIP: HUD, FL 33024

☐ Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:
☐ Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:
☐ Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE:
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:
☐ Change ☐ Addition

TITLE:
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:
☐ Change ☐ Addition

TITLE:
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CITY-STATE-ZIP:
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NAME:
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CITY-STATE-ZIP:
☐ Change ☐ Addition

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

Date

Daytime Phone #

CRP/034 (9/99)