

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90058 024 ***150.00

DOCUMENT # P99000106718

1. Entity Name

G & B KITCHEN CABINETS REPAIRS CORP.



Principal Place of Business

13891 SW 142 AVE
MIAMI, FL 33186

Mailing Address

13891 SW 142 AVE
MIAMI, FL 33186

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

01092004

Chg-P

CR2E034 (10/03)

4. FEI Number

65-0966341

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BADIAS, GEISEL
17132 SW 142 COURT
MIAMI, FL 33177

7. Name and Address of New Registered Agent

Name BADIAS GRISSELL

Street Address (P.O. Box Number is Not Acceptable)
17132 SW 142 CT

City MIAMI

FL

Zip Code

33177

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

01/09/04
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME BOZA, ALBERTO ☐ Delete
STREET ADDRESS 17132 SW 142 COURT
CITY-ST-ZIP MIAMI, FL 33177

TITLE VPD
NAME BADIAS, GEISEL ☐ Delete
STREET ADDRESS 17132 SW 142 COURT
CITY-ST-ZIP MIAMI, FL 33177

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE VPD
NAME BADIAS GRISSELL ☒ Change ☐ Addition
STREET ADDRESS 17132 SW 142 CT.
CITY-ST-ZIP MIAMI FL 33177

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
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/09/04
Date

305-252-1353
Daytime Phone #