

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90015 002 ***150.00

DOCUMENT # S88669

1. Entity Name

RICK'S CABINET TREE COMPANY, INC.

Principal Place of Business

~~655 WEST 72ND PLACE~~
~~HIALEAH FL 33014~~

Mailing Address

16387 N.W. 67 AVE
 MIAMI LAKES FL 33014
 US

2. Principal Place of Business

16387 N.W. 67 AVE

3. Mailing Address

Suite, Apt. #, etc.

City & State

MIAMI LAKES, FL 33014

City & State

Zip

Country

33014

USA

4. FEI Number 65-0292279

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

Name

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

City

FL

Zip Code

BLANCO, TERESITA

8884 NW 143 TERR
 MIAMI LAKES, FL 33016

(SAME)

7760 N.W. 161 TERR
 MIAMI LAKES, FL
 33016

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
PTD	BLANCO, RICARDO	8884 NW 143 TERR	MIAMI LAKES, FL 33016	PTD	BLANCO, RICARDO	7760 N.W. 161 TERR	MIAMI LAKES, FL 33016
PTD	BLANCO, TERESITA	8884 NW 143 TERR	MIAMI LAKES, FL 33016	VICE PTD	TERESITA BLANCO	7760 N.W. 161 TERR	MIAMI LAKES, FL 33016

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

Date

Daytime Phone #

CR2E034 (10/00)