2002 UNIFORM BUSINESS REPORT (UBR)

May 16, 2002 8:00 am²/₅ Secretary of State DOCUMENT # K41767 1. Entity Name 05-16-2002 90009 011 ***150.00 R.W. SCHARF CABINETS AND MILLWORK, INC. Principal Place of Business Mailing Address C/O RANDOLPH W. SCHARF C/O RANDOLPH W. SCHARF 1538 NW 23 AVENUE 1538 NW 23 AVENUE FORT LAUDERDALE FL 33311 FORT LAUDERDALE FL 33311 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0083622 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SCHARF, RANDOLPH W. Street Address (P.O. Box Number is Not Acceptable) 1538 NW 23 AVENUE FORT LAUDERDALE FL 33311 City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. CR2E034 (9/01) TITLE ☐ Delete TITLE Same Addition Change NAME SU MY SCHARF, DEBRA NAME 7460 Plantation Road Plantation Fl. 33317 STREET ADDRESS 5580 SW THIRD COURT STREET ADDRESS CITY-ST-ZIP PLANTATION FL CITY-ST-ZIP ☐ Addition TITLE ☐ Delete Change TITLE Same NAME SCHARF, RANDOLPH NAME 7460 Plantation Road STREET ADDRESS 5580 SW THIRD COURT STREET ADDRESS CITY-ST-7IP Plantation F1. 32317 CITY-ST-7IP PLANTATION FL ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Delete ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

SIGNATURE:

13. I hereby certify that the information supplied with this filling 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.

FILED