

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 02, 2003 8:00 am
Secretary of State

07-02-2003 90009 019 ***150.00

DOCUMENT # P01000116624

1. Entity Name
CUTS AND CURVES INC.



Principal Place of Business
1800 SUNSET HARBOR DR APT 1112
MIAMI BEACH FL 33139

Mailing Address
1800 SUNSET HARBOR DR APT 1112
MIAMI BEACH FL 33139



2. Principal Place of Business
3300 NE 191st
Suite, Apt. #, etc.
312

3. Mailing Address
3300 NE 191st. #312
Suite, Apt. #, etc.
312

☐ CHECK HERE IF MAKING CHANGES

City & State
Aventura, Florida
Zip
33180
Country
USA

City & State
Aventura, Florida
Zip
33180
Country
USA

4. FEI Number 04-3651759

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

D'ESOP, DENEEN
1800 SUNSET HARBOR DR APT 1112
MIAMI BEACH FL 33139

Name
Deneen D'Esopo
Street Address (P.O. Box Number is Not Acceptable)
3300 NE 191st Apt. 312
City Aventura FL Zip Code 33180

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 Deneen D'Esopo

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

(NOTE: Registered Agent signature required when reinstating)

6/27/03

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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	<input type="checkbox"/> Delete
PD	D'ESOP, DENEEN	1800 SUNSET HARBOR DR APT 1112	MIAMI BEACH FL 33139	<input type="checkbox"/>
VD	BARATTO, MARK E	1800 SUNSET HARBOR DR APT 1112	MIAMI BEACH FL 33139	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: Deneen D'Esopo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/24/03 # 305978-8555
Date Daytime Phone #

CR2E034 (10/02)