

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 06, 2001 8:00 am**  
**Secretary of State**

02-06-2001 90321 020 \*\*\*150.00

**DOCUMENT # 564188**

1. Entity Name

**ULTIMATE CUTTING SERVICE, INC.**

Principal Place of Business

Mailing Address

3740 E 10 CT  
 HIALEAH FL 33013  
 US

3740 E 10 CT  
 HIALEAH FL 33013  
 US

2. Principal Place of Business

3. Mailing Address

**C/O A. PADRON 4285 E.8TH LN**  
 Suite, Apt. #, etc.

**C/O PADRON 4285 E.8TH LN**  
 Suite, Apt. #, etc.

City & State

**HIALEAH, FL**

City & State

**HIALEAH, FL**

4. FEI Number

**59-1783068**

Applied For

Not Applicable

Zip

**33013**

Country

**DADE**

Zip

**33013**

Country

**DADE**

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

**MORALES, FELICIA**  
**3740 E. 10 CT**  
**HIALEAH FL 33013**

Name

**MORALES, FELICIA**

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

**4285 E. 8TH LN**

City

**HIALEAH**

**FL**

Zip Code  
**33013**

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	<b>ST</b>	<input type="checkbox"/> Delete
NAME	<b>MORALES, FELICIA</b>	
STREET ADDRESS	<b>3740 E. 10TH CT.</b>	
CITY-ST-ZIP	<b>HIALEAH FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>PADRON, ALICIA</b>	
STREET ADDRESS	<b>3740 E. 10 CT.</b>	
CITY-ST-ZIP	<b>HIALEAH FL 33013</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>ST</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MORALES, FELICIA</b>	
STREET ADDRESS	<b>4285 E. 8TH LN</b>	
CITY-ST-ZIP	<b>HIALEAH, FL 33013</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PADRON, ALICIA</b>	
STREET ADDRESS	<b>4285 E 8TH LN</b>	
CITY-ST-ZIP	<b>HIALEAH, FL 33013</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

*Alicia Padron*

**ALICIA PADRON**

Date

**1/30/01**

Daytime Phone #

**305-606-4135**

712481



DO NOT WRITE IN THIS SPACE

UBR 103

CR2E034 (10/00)