

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J39733

1. Entity Name

A CUT ABOVE A LAWN AND TREE SERVICE, INC.

**FILED**  
**Feb 05, 2000 8:00 am**  
**Secretary of State**

02-05-2000 90020 012 \*\*\*150.00

Principal Place of Business  
10875 NW 52 ST  
SUITE #4  
SUNRISE FL 33351  
US

Mailing Address  
10875 NW 52ND ST  
SUITE #4  
SUNRISE FL 33351-8086  
US

00016639



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2737154** Applied For ☒ Not Applied ☐

Zip Country

Zip Country

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

LEWIN, JOHN A  
10875 NW 52ND ST  
SUITE #4  
SUNRISE FL 33351

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL 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 \_\_\_\_\_ (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, 2000 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	<input type="checkbox"/> Delete
P	LEWIN, JOHN	1877 N.W. 108TH TERR.	CORAL SPRINGS FL	<input type="checkbox"/>
V	GOUZ, RONALD	6376 NW 72ND PLACE	PARKLAND FL	<input type="checkbox"/>
S	VINIG, BARRY	233 N.W. 123RD WAY	CORAL SPRINGS FL	<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"/>

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: Ronald Gouz  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/00 5123358  
Date Daytime Phone #