

Amended
**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 MAY 16 AM 8:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000001512

1. Entity Name

CUTZ-LLC

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5050 BISCAYNE BLVD

3. Mailing Address
5050 BISCAYNE BLVD

Suite, Apt. #, etc.
SUITE 101

Suite, Apt. #, etc.
SUITE 101

City & State
MIAMI, FLORIDA

City & State
MIAMI, FLORIDA

4. FEI Number
65-1087658

Applied For
Not Applicable

Zip
33137

Country
USA

Zip
33137

Country
USA

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
VINCO BETHEL

Street Address (P.O. Box Number is Not Acceptable)
1000 W. AVE. APT 1607

MIAMI

City
FL Zip Code
33139

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 *Vinco Bethel*
Signature, typed or printed name of registered agent and title if applicable

04/25/02
DATE

FEE IS \$50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME VINCO BETHEL
STREET ADDRESS 1000 W. AVE APT. 1607
CITY-ST-ZIP MIAMI, FLORIDA 33139

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

200005666322--0
-06/03/02--01099--018
*****50.00 *****50.00

TITLE MGRM
NAME ALLEN FURST
STREET ADDRESS 5515 SECURITY LANE, STE. 1103
CITY-ST-ZIP ROCKVILLE, MD 20852

TITLE
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CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Vinco Bethel*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

04/25/02

CR2E083B (12/01)