

**01 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # **L94000000717**

Entity Name

**D'CLASE CUTTING SERVICES, L.C.****FILED****01 MAR 26 PM 11:34****SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE

Principal Place of Business

**9324 NW 102 ST  
MEDLEY FL 33178**

Mailing Address

**9324 NW 102 ST  
MEDLEY FL 33178****2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

**4. FEI Number****65-0549116**

Applied For

Not Applicable

**5. Certificate of Status Desired** ☐**\$5.00 Additional  
Fee Required****6. Name and Address of Current Registered Agent****SELVIDGE, GARY  
9324 NW 102 ST  
MEDLEY FL 33178****7. Name and Address of New Registered Agent**

Name

**TONY VARGAS**

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

**780 N.W. LEJEUNE RD. #516**

City

**MIAMI****FL**Zip Code  
**33126****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.

**TONY VARGAS**

(NOTE: Registered Agent signature required when reinstating)

**3/9/2001**

DATE

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State****9. MANAGING MEMBERS/MEMBERS**

TITLE	MGR	<input checked="" type="checkbox"/> Delete
NAME	SELVIDGE, GARY	
STREET ADDRESS	9324 NW 102 ST	
CITY-ST-ZIP	MEDLEY FL 33178	

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

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

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

**10. ADDITIONS/CHANGES**

TITLE	MGR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOSE R. CLASE	
STREET ADDRESS	9324 N. W. 102 ST.	
CITY-ST-ZIP	MEDLEY, FL 33178	

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

**SIGNATURE REQUIRED****JOSE R. CLASE****305-883-7706**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)

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