

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M13305

1. Entity Name

P.C. CUTTING SERVICES, INC.

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90132 034 ***150.00

Principal Place of Business

Mailing Address

649 EAST 29TH STREET
HIALEAH FL 33013

649 EAST 29TH STREET
HIALEAH FL 33013-3621

2. Principal Place of Business

1010 E 41ST

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HIALEAH FL

City & State

4. FEI Number

59-2522792

Applied For

Not Applicable

Zip

33013

Country

USA

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

CANEJA, PABLO A.
649 EAST 29 STREET
HIALEAH FL 33013

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

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, 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 P ☐ Delete

NAME CANEJA, PABLO A.
STREET ADDRESS 649 EAST 29TH STREET
CITY-ST-ZIP HIALEAH FL 33013

TITLE VP ☐ Delete

NAME CANEJA JR, PABLO A
STREET ADDRESS 649 EAST 29TH STREET
CITY-ST-ZIP HIALEAH FL 33013

TITLE ST ☐ Delete

NAME CANEJA, ISABEL
STREET ADDRESS 649 E 29TH ST
CITY-ST-ZIP HIALEAH FL 33013

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *Pablo Canaja*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/08/00

Date

305-696-2858

Daytime Phone #

CR2E034 (9/99)