2001	UNIFORM BUSI	R)	FILE	Z D						
DOCUMENT # M13305 1. Entity Name P.C. CUTTING SERVICES, INC.						Apr 30, 2001 08:00 AM Secretary of State				
Principal Plac		Mailing Address		 .					-	
HIALEAH 33013	FL	HIALEAH 33013		FL						
2. Principal P	Place of Business IT STREET	3. Mailing Address 1010 EAST 41ST STREET								
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				DO NOT W	RITE IN THIS	SPACE	–	
City & Stat	e FL	City & State HIALEAH I				59-2522792			applied For lot Applicable	
Zip 33013	Country	Zip 33013	Coun	try	Ę	. Certificate of Status Desired		\$8.75 Ac		
	6. Name and Address of Current	Registered Agent			7	. Name and Address of New	Registered	Agent		
CANEJA, PABLO A. 649 EAST 29 STREET				Street A		. Box Number is Not Acceptat	ole)	<u>". </u>	<u> </u>	
HIALEAH 33013	F			GROVE PLAZA, PENTHOUSE 2900 MIDDLE STREET					- <u>-</u>	_
					UT GROVI		F	L Zip Co 33133	de	
SIGNATURE	LAZARO J. PEREZ Signature, typed or printed name of registered agent a	<u> </u>		-	registered			0/2001	<u></u>	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) Make Check Payable				will be \$5	50.00 t of State	10. Election Campaign Trust Fund Contribut	ion.	∐ Ådde	00 May Be ed to Fees	
11.	OFFICERS AND		12.			ADDITIONS/CHANGES TO O	FFICERS AN	ID DIRECTO	RS IN 11]_
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CANEJA ISABEL 649 E 29TH ST HIALEAH	☐ Delete FL 33013			ST CANEJA 1010 EAS HIALEA	ST 41ST STREET	FL	I Change 33013	☐ Addition	034 (11/00)
TITLE NAME	VP CANEJA JR PABLO A	☐ Delete ¸	TITLE		VP CANEJA			∑ Change	Addition	- 문
STREET ADDRESS CITY-ST-ZIP	649 EAST 29TH STREET HIALEAH	FL 33013	STRE	ET ADDRESS - ST-ZIP		ST 41ST STREET	FL	33013		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CANEJA, PABLO A. 649 EAST 29TH STREET HIALEAH	☐ Delete		_	P CANEJA 1010 EAS HIALEA	ST 41ST STREET	FL		☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAM: STRE		MALEA		FL	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	CITY	E Et adoress -St-Zip				☐ Change	Addition	
of the cor changed,	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empo , or on an attachment with an address, v	true and accurate and that my wered to execute this report a	/ Signal	ilire shali h:	ave the can	te legal effect as if made unde	ur oath: that l	am an office	r or director	
SIGNAT		RINTED NAME OF SIGNING OFFICER O	R DIRECT	OR		VP 04/30/2001 Date		Daytime Phone #		-