2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2000 8:00 am
Secretary of State
02-05-2000 90039 032 ***150.00

DOCUMENT # M39800

1. Entity Name
VICTOR'S DIE CUTTING INC.

Principal Place of Business	Mailing Address
~~C/O JUAN C. CORDOVA~~ 8685 N.W. 66 ST. MIAMI FL 33166	~~C/O JUAN C. CORDOVA~~ 8685 N.W. 66 ST. MIAMI FL 33166-2670

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2726464 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~CORDOVA, JUAN C.~~
~~8685 N.W. 66 ST.~~
~~MIAMI FL 33166~~

7. Name and Address of New Registered Agent

Name: Victor Rodriguez
Street Address (P.O. Box Number is Not Acceptable): 8685 N.W. 66th St.
City: Miami, FL Zip Code: 33166

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] Pres 2/1/2000
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	~~PD~~	☒ Delete	TITLE	PD	☐ Change ☒ Addition
NAME	~~CORDOVA, JUAN C.~~		NAME	Victor Rodriguez	
STREET ADDRESS	~~8685 N.W. 66 ST.~~		STREET ADDRESS	8685 N.W. 66th St.	
CITY-ST-ZIP	~~MIAMI FL~~		CITY-ST-ZIP	Miami, FL 33166	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: [signature] Victor Rodriguez, Pres. 2/1/2000 305-599-0255
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #