

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # M86435

1. Entity Name
U.S.F. TRIMMING CORPORATION



Principal Place of Business
2224 W 18 CT
HIALEAH, FL 33010

Mailing Address
2224 W 18 CT
HIALEAH, FL 33010

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
65-0063502

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MORALES, GERALDO
13742 S.W. 12TH ST.
MIAMI, FL 33184

7. Name and Address of New Registered Agent

Name GERARDO MORALES

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

2224 W. 8CT

City HIALEAH

FL

Zip Code 33010

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature and Print of Registered Agent and Title (Applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MORALES, GERALDO
STREET ADDRESS 13742 S.W. 12TH ST.
CITY-ST-ZIP MIAMI, FL ☐ Delete

TITLE VPD
NAME DE ARMAS, SUZETTE M
STREET ADDRESS 15978 S.W. 15 ST.
CITY-ST-ZIP PEMBROKE PINES, FL 33027 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD GERARDO MORALES ☒ Change ☐ Addition
NAME
STREET ADDRESS 2224 W. 8CT
CITY-ST-ZIP HIALEAH FL 33010

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
200046660512
02/16/05--01001--005 **300.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

Signature and Print of Registered Agent and Title (Applicable)

Date

Daytime Phone #

FILED

05 FEB -2 PM 5:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 04-05

WOP

2/1/05

2/1/05