## 2002 Uniform Business Report (UBR)

Apr 02, 2002 8:00 am Secretary of State P00000059815 **DOCUMENT #** 1. Entity Name 04-02-2002 90090 036 \*\*\*150.00 33 CUTLERY COMPANY Mailing Address Principal Place of Business C/O LISA A. LANDY C/O LISA A. LANDY ONE S.E. 3RD AVE., 28TH FLOOR ONE S.E. 3RD AVE., 28TH FLOOR MIAMI FL 33131 MIAMI FL 33131 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FE! Number City & State NOT APPLICABLE Not Applicable Zip \$8.75 Additional Country Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent AMERICAN INFORMATION SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) ONE S.E. 3RD AVENUE, 28TH FLOOR **MIAMI FL 33131** Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Change Delete TITLE DPS TITLE ·PS NAME MERHEJE, MICHEL YAMIN NAME STREET ADDRESS STREET ADDRESS % LISA A LANDY, 1 SE 3RD AVE. 28 FL. CITY-ST-ZIP CITY-ST-ZIP Miami FL 33131 ☐ Change ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

I hereby certify that the information supplied with this filling 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.

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