

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91344 031 ***150.00

0139758

DOCUMENT # P00000066982

1. Entity Name

CITY CUTS, INC.

Principal Place of Business

**10634 NW 48TH STREET
 CORAL SPRINGS FL 33076**

Mailing Address

**10634 NW 48TH STREET
 CORAL SPRINGS FL 33076**

00000000

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

105-1034764

Applied For

Not Applicable

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

**LEVINE & SEGAUL, P.A.
 4300 N. UNIVERSITY DRIVE
 SUITE A-106
 FORT LAUDERDALE FL 33351**

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, 2001 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 ☐ Delete
 NAME **PD**
 STREET ADDRESS **DAVIS, ANA MARIA**
 CITY-ST-ZIP **10634 NW 48 ST.**
CORAL SPRINGS, FL. 33076

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
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TITLE ☐ Change ☐ Addition
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 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:

ANA MARIA DAVIS, P
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(954) 340-3419
(954) 340-3878
 Daytime Phone #

CR2E034 (10/00)

DETEL CORPORATION
IN THE VORTEX OF TECHNOLOGY

10634 N.W. 48 STREET
CORAL SPRINGS, FLORIDA 33076

TEL/FAX: (954) 340-3419
E-MAIL: detelcorp@aol.com

*Attachment
A069710
#P0000006987*

May 7, 2001

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

RE: Detel Corporation and
City Cuts, Inc.

To Whom It May Concern:

I am sending the filing for two different Corporations, however the reports were received this past week. I had call your office earlier in order to explain the problem, and I was advised to write this letter informing of the late receipt of the report by this office. I am sending the checks for the reports, I am never late with any of our reports or filings of any type, as your records should show. Your cooperation in this matter is greatly appreciated.

Sincerely

Ana Maria Davis, Pres.
Ana M. Davis, Pres.