

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2003 8:00 am
Secretary of State

05-19-2003 90216 034 ***150.00

036675
AV

DOCUMENT # P00000089139

1. Entity Name
PRIME CUT BY MICHAEL INC.



Principal Place of Business
**5726 FLAMINGO ROAD
COOPER CITY FL 33328**

Mailing Address
**5726 FLAMINGO ROAD
COOPER CITY FL 33328**



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 **65-1040813**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**ZAMORA, MICHAEL
5726 FLAMINGO ROAD
COOPER CITY FL 33328**

7. Name and Address of New Registered Agent

Name **MIRIAM HERNANDEZ**
Street Address (P.O. Box Number is Not Acceptable)
5726 FLAMINGO RD
City **COOPER CITY** FL Zip Code **33328**

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 typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PD** ☒ Delete
NAME **ZAMORA, MICHAEL**
STREET ADDRESS **4390 W. 12TH LANE APT 1-A**
CITY-ST-ZIP **HIALEAH FL 33012**

TITLE **VP** ☐ Delete
NAME **ZAMORA, JUAN C**
STREET ADDRESS **347 FAIRWAY CIR**
CITY-ST-ZIP **WESTON FL 33326**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Change ☒ Addition
NAME **HERNANDEZ, MIRIAM**
STREET ADDRESS **4390 W 12TH LANE #1A**
CITY-ST-ZIP **HIALEAH FL 33012**

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

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

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

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)

Attachment
Doc # 00000059139
PRIME CUT 80119566
A Full Service Hair & Nail Salon

TO WHOM IT MAY CONCERN: I SINCERELY
APOLOGIZE FOR BEING LATE, I KNOW THERE
SHOULD BE NO EXCUSE FOR NOT SENDING THE
PAYMENT ON TIME BUT I THOUGHT IT WAS MAY 31ST
NOT MAY 1ST. I JUST FINISHED A BIG BATTLE
IN COURT FOR THE CUSTODY OF MY CHILDREN (3)
AFTER MY WIFE TRIED TO COMMIT SUICIDE,
SO I HAVE BEEN VERY PREOCCUPIED. AGAIN
I'M SORRY AND HOPE YOU EXCUSE ME ONLY
THIS TIME. IT WON'T HAPPEN AGAIN.
THANK YOU VERY MUCH

JOAN C ZANDORA VP.
954-434-7606.