2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State
05-21-2002 91234 035 ***150.00

[redacted]

DO NOT WRITE IN THIS SPACE

DOCUMENT # P01000011644

1. Entity Name
CUTTING EDGE ILLUSIONS, INC. ✓

Principal Place of Business	Mailing Address
5885 SW. 73TH. ST. 2ND. FLOOR MIAMI, FL., 33143	5885 SW. 73TH. ST. 2ND. FLOOR MIAMI, FL., 33143

2. Principal Place of Business	3. Mailing Address
3658 SW. 22TH. ST	3658 SW. 22TH. ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FL.,	City & State: MIAMI, FL.,
Zip: 33145 — Country: U.S.A	Zip: 33145 — Country: U.S.A

4. FEI Number: 65-1080642 ☐ 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
LOPEZ, PAULETTE 5885 SW. 73TH. ST. 2ND. FLOOR MIAMI, FL., 33143	Name: LOPEZ, PAULETTE Street Address (P.O. Box Number is Not Acceptable): 3658 SW. 22TH. ST. City: MIAMI FL Zip Code: 33145

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 X Paulette Lopez PAULETTE LOPEZ PRESIDENT 4/28/02
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) ☒

[illegible]
[illegible]
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 NAME STREET ADDRESS CITY-ST-ZIP	P LOPEZ, PAULETTE 5885 SW. 73TH. ST. 2ND. FLOOR MIAMI, FL., 33143	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. LOPEZ, PAULETTE 3658 SW. 22TH. ST. MIAMI, FL., 33143	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: X Paulette Lopez PAULETTE LOPEZ PRESIDENT 4/28/02 (305) 444-6141
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #