

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90150 006 \*\*\*150.00

**DOCUMENT # P01000035124**

**1. Entity Name**  
**INSTYLE CUTTING, INC.**

**Principal Place of Business**

**8841 N. BERMUDA DRIVE  
 MIRAMAR FL 33025**

**Mailing Address**

**8841 N. BERMUDA DRIVE  
 MIRAMAR FL 33025**

**2. Principal Place of Business**

**29455 NW 2nd Ave**  
 Suite, Apt. #, etc.

**3. Mailing Address**

**8841 N. Bermuda Dr**  
 Suite, Apt. #, etc.

**City & State**

**Miami Florida**

**City & State**

**Miami Florida**

**4. FEI Number**

**65-1094983**

**Applied For**

**Not Applicable**

**Zip**

**33169**

**Country**

**USA**

**Zip**

**33025**

**Country**

**USA**

**5. Certificate of Status Desired**

☐

**\$8.75 Additional  
 Fee Required**

**6. Name and Address of Current Registered Agent**

**GRAHAM, PETER  
 8841 N. BERMUDA DRIVE  
 MIRAMAR FL 33025**

**7. Name and Address of New Registered Agent**

**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** PETER L GRAHAM  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**DATE**

4-30-02

**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, 2002 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**

**TITLE** **D** ☐ Delete  
**NAME** **GRAHAM, PETER**  
**STREET ADDRESS** **8841 N. BERMUDA DRIVE**  
**CITY-ST-ZIP** **MIRAMAR FL 33025**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
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**STREET ADDRESS**  
**CITY-ST-ZIP**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**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**

**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:** PETER L GRAHAM  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Date**

**Daytime Phone #**

4-30-02 954) 651-5093

CR2E034 (9/01)