

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90168 023 ***158.75

DOCUMENT #

1. Entity Name **RAZOR ELECTRIC ENT. INC**
701000077096



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21351 SW 99 CT
Suite, Apt. #, etc.

3. Mailing Address

21351 SW 99 CT
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI FLA

City & State

MIAMI FLA

4. FEI Number

260014710

Applied For

Not Applicable

Zip

33189

Country

DADE

Zip

33189

Country

DADE

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

7. Name and Address of Current Registered Agent

Name **KIM M MCCUE**

Street Address (P.O. Box Number is Not Acceptable)
21351 SW 99 CT

City **MIAMI**

FL

Zip Code **33189**

**DO NOT WRITE
IN THIS SPACE**

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 **PRES**
NAME **KIM M MCCUE**
STREET ADDRESS **21351 SW 99 CT**
CITY-ST-ZIP **MIAMI FLA**

TITLE **VICE PRES**
NAME **KIM M MCCUE**
STREET ADDRESS **21351 SW 99 CT**
CITY-ST-ZIP **MIAMI FLA 33189**

TITLE **TREASURER**
NAME **KIM M MCCUE**
STREET ADDRESS **21351 SW 99 CT**
CITY-ST-ZIP **MIAMI FLA 33189**

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

KIM M MCCUE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/03

Date

305-278-1999

Daytime Phone #

CR2E034B (12/02)