

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90172 009 ***150.00

DOCUMENT # P01000090619

1. Entity Name
CITY CUTS AND SPA, INC.



Principal Place of Business
801 MAJORCA AVENUE
CORAL GABLES FL 33134

Mailing Address
801 MAJORCA AVENUE
CORAL GABLES FL 33134

9751 NW 41 ST.

2. Principal Place of Business
6017 Alhambra Cir
Suite, Apt. #, etc.

3. Mailing Address
6017 Alhambra Cir
Suite, Apt. #, etc.

City & State
Miami FL

City & State
Coral Gables FL

4. FEI Number 65-1137880

Applied For
Not Applicable

Zip 33178

Country *Dade*

Zip 33134

Country *Dade*

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

PERRY, DIANE M P.A.
2455 EAST SUNRISE BLVD., SUITE 905
FORT LAUDERDALE FL 33304

Name *6017 Alhambra Cir*
Street Address (P.O. Box Number is Not Acceptable)
Coral Gables FL 33134
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Elena Randazzo*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE *2/10/03*

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	KENDRICK, GILBERT W	
STREET ADDRESS	265 SOUTH FEDERAL HIGHWAY #282	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	
TITLE	TD	<input type="checkbox"/> Delete
NAME	RANDAZZO, ELENA	
STREET ADDRESS	801 MAJORCA AVENUE	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE		<input type="checkbox"/> Delete
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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:

Elena Randazzo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE *2/10/03*

Daytime Phone #

CR2E034 (10/02)