

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000095724
 1. Entity Name
MIAMI WONDER CUTS, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>13126 NW 7th AVE.</u>	3. Mailing Address <u>4020 SW 152 TER.</u>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State <u>MIAMI, FLORIDA</u>	City & State <u>MIRAMAR, FLORIDA</u>	4. FEI Number <u>05-1158311</u>	Applied For <input type="checkbox"/> Not Applicable
Zip <u>33168</u>	Country	Zip <u>33023</u>	Country
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent
	Name <u>VIVENS DELORME</u>
	Street Address (P.O. Box Number is Not Acceptable) <u>4020 SW 152 ND TERRACE</u>
	City <u>MIRAMAR</u> FL Zip Code <u>33023</u>

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE	<u>D Vivens Delorme</u>	TITLE	
NAME	<u>4020 SW 152 ND TERRACE</u>	NAME	
STREET ADDRESS	<u>MIRAMAR, FL. 33023</u>	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: X Vivens Delorme X 5-1-02 (305) 688-5201
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)