FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 90996 039 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000029498

1. Entity Name
CUT'S PLATINUM, INC.

Principal Place of Business	Mailing Address
2830 FILLMORE STREET STE #2 HOLLYWOOD, FL 33020	2830 FILLMORE STREET STE #2 HOLLYWOOD, FL 33020

2. Principal Place of Business		3. Mailing Address	
8359 MISSIONWOOD CIR.			
Suite, Apt. #, etc.		Suite, Apt. #, etc. SAME	
City & State MIRAMAR FL		City & State	
Zip 33025	Country BROWARD	Zip	Country

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number ☑ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SEPULVEDA, FRANCISCO A
2830 FILLMORE STREET STE #2
HOLLYWOOD, FL 33020

7. Name and Address of New Registered Agent

Name Esther VELOZ
Street Address (P.O. Box Number is Not Acceptable) 8359 MISSIONWOOD CIR.
City MIRAMAR FL Zip Code 33025

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 Pillaveura. 4/23/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D SEPULVEDA, FRANCISCO A 2830 FILLMORE STREET STE #2 HOLLYWOOD, FL 33020 ☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ESTHER VELOZ 8359 MISSIONWOOD CIR. MIRAMAR, FL. 33025 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Jose L. Santos 2300 PARK LANE #316 Hollywood, FL. 33020 ☐ 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
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CR2E034 (10/02)

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: [signature] 4/23/03 954-394-7010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #