May 01, 2003 8:00 am & Secretary of State

05-01-2003 90978 031 ***150.00

2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

P02000088834 DOCUMENT #

PRIME CUT COLOR DESIGNS, INC.



Principal Place of Business

11634 NW 90 AVENUE

HIALFAH GARDENS FL 33018

Mailing Address

11634 NW 90 AVENUE

HIALFAH GARDENS FL 33018



| THEELTH CHIEFLY CONTENT TO COLO | | | | | | | | | | |
|---|----------------------------------|---|----------|---|---|--|-------------|-----------------------------|---------------------------------|--|
| 2. Principal P 850 | lace of Business IVES DAIRY RD | 3. Mailing Address 850 IVES DAIRY ROAD | | | | 1 (44 1/188/17/188/18 (1 4 1/188/17 8 |) (| iel (1914) ielee | dini dia i i ga i | |
| Suite, Apt. | | Suite, Apt.#, etc | | | - | CHECK HERE IF MAKING CHANGES | | | | |
| City & Stat | 1 HORIPA | City & State MIAM | A | 4. | FEI Number 1365 1362 | • | | oplied For ot Applicable | | |
| Zip 33 17 | | Zip 33179 | Count | ry US | \ | . Certificate of Status Desired | F | 8.75 Add ee Require | | |
| '6. Name and Address of Current Registered Agent | | | | | 7. Name and Address of New Registered Agent | | | | | |
| CUEVAS, ANDREW | | | | Name Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| CUEVAS & RUBIN, P.A. | | | | | | | | | | |
| 536 BILTMORE WAY | | | | | | | | | | |
| CORAL GABLES FL 33134 | | | | City | | | FL | Zip Cod | | |
| 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 | | | | | | | | | | |
| FILE NOW!IL FEE IS \$150.00 | | | | | | | | | | |
| After May 1, 2003 Fee will be \$550.00 | | | | | | 9. Election Campaign Fi Trust Fund Contribution | | | O_May_Be | |
| Make Check | Payable to Florida Department of | State | | | | Hust Fund Contribute | л. — | Audet | 110100 | |
| 10. | OFFICERS AND DIRECTORS 11. | | | . ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | | | | |
| TITLE | PSD | Delete | TITLE | TITLE | | | | Change | Addition | |
| NAME | CRUZ, RUTH | | NAME | | | | | | | |
| STREET ADDRESS | 11634 NW 90 AVENUE | | STREE | T ADDRESS |] | | | | } | |
| CITY-ST-ZIP | HIALEAH GARDENS FL 33018 | S FL 33018 | | ST-ZIP | | | | | | |
| TITLE | VTD | ☐ Delete | TITLE | | V, S, D | | | Change | Addition | |
| NAME | MOLINA, IVANIA | | NAME | | 1, 2,2 | | • | | | |
| STREET ADDRESS | 11634 NW 90 AVENUE | | STREE | T ADDRESS | | | | | 1 | |
| CITY-ST-ZIP | HIALEAH GARDENS FL 33018 | | CITY-ST- | | | | | | ĺ | |
| TITLE | P.T.D | | | | P,T, D | | | ☐ Change | Addition | |
| NAME | MOLINA, MARTA | | NAME | | MOLINA | MARTA COLON | | | | |
| STREET ADDRESS | 850 IVES DAIRYRD (#TQ |) | STREE | T ADDRESS | 850 IVE | MARTA RD (#19) | | | | |
| CITY-ST-ZIP | MMMI, PLORIDA 33179 | , | CITY- | ST-ZIP | MIAM | | | | ĺ | |
| TITLE | | ☐ Delete | TITLE | | <u> </u> | 1 | | Change | Addition | |
| NAME | | C- 001010 | NAME | | | | | | | |
| STREET ADDRESS | | | STREE | T ADDRESS | | | | | | |
| CITY-ST-ZIP | * | | CITY- | ST-ZIP | | | | | \ | |
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| NAME | | | NAME | | | | | | | |
| STREET ADDRESS | • | | | T ADDRESS | , | | | | | |
| CITY-ST-ZIP | | | 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR