

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 19, 2004 8:00 am
Secretary of State

05-19-2004 90013 014 ***150.00

DOCUMENT # **P03000082434**
1. Entity Name
Sharp Edges of Miami Corp

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
407 Lincoln Rd
Suite, Apt. #, etc.
500
City & State
Miami Beach FL
Zip
33139 Country
Dade

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country

54054887

DO NOT WRITE IN THIS SPACE

4. FEI Number
02-0700426
Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name
AYALA VICENTE
Street Address (P.O. Box Number is Not Acceptable)
407 Lincoln Rd # 500
City
Miami Beach FL Zip Code
33139

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PAYALA VICENTE 1560 PENNY AVE #2 A Miami Beach FL 33139	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037B (12/01)