

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000012822

1. Entity Name

EDICUT, INC.

**FILED**  
May 02, 2001 8:00 am  
Secretary of State

05-02-2001 90212 049 \*\*\*150.00

Principal Place of Business

930 NE 4TH STREET  
FT LAUDERDALE FL 33301

Mailing Address

930 NE 4TH STREET  
FT LAUDERDALE FL 33301

2. Principal Place of Business

2421-6 E. Argon Blvd.  
Suite, Apt. #, etc.

3. Mailing Address

2421-6 E. Argon Blvd  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE.

City & State

Sunrise, FL

City & State

Sunrise, FL

4. FEI Number

65-0391502

Applied For

Not Applicable

Zip

33313

Country

Zip

33313

Country

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MEINERT, JAMES  
930 NE 4TH STREET  
FT LAUDERDALE FL 33301

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

2421-6 E. Argon Blvd.

City

Sunrise

FL

Zip Code

33313

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.

JAMES K. MEINERT

(NOTE: Registered Agent signature required when reinstating)

DATE

4-25-01

9. This corporation is eligible to satisfy its intangible

Tax filing requirement and elects to do so.  
(See criteria on back)

☐

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 Fee will be \$550.00  
Make Check Payable to Department of State

10. Election Campaign Financing  
Trust Fund Contribution.

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\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PD  
NAME MEINERT, JAMES K  
STREET ADDRESS 930 NE 4TH STREET  
CITY-ST-ZIP FT LAUDERDALE FL 33301

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS 2421-6 E. Argon Blvd.  
CITY-ST-ZIP Sunrise, FL 33313

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

JAMES K. MEINERT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-25-01

9547477881

Daytime Phone #

CR2E034 (10/00)

0241290