

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000021272

1. Entity Name

CUTTING EDGE INDUSTRIES, INC.

Principal Place of Business

260 NW 2ND ST
DEERFIELD BEACH FL 33341

Mailing Address

260 NW 2ND ST
DEERFIELD BEACH FL 33341

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0478251

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NAVARRA, BARRY A
10795 EUREKA ST
BOCA RATON FL 33428

Name William M Ziagos

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

312 SW 13th ST

City Fort Lauderdale

FL

Zip Code 33315

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 William M Ziagos VRTreas.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/27/01

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. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	NAVARRA, BARRY A	
STREET ADDRESS	10795 EUREKA ST	
CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE	D	<input type="checkbox"/> Delete
NAME	NAVARRA, RONALD P	
STREET ADDRESS	771 SIESTA KEY TRAIL	
CITY-ST-ZIP	DEERFIELD BCH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ronald P. Navarra	
STREET ADDRESS	771 Siesta Key Trail	
CITY-ST-ZIP	Deerfield Bch FL 33441	
TITLE	VICE PRES - TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	William M Ziagos	
STREET ADDRESS	312 SW 13th ST.	
CITY-ST-ZIP	FT LAUDERDALE FL 33315	
TITLE	VICE PRES - SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ronald A Navarra	
STREET ADDRESS	5710 NW 74th Place Apt 208	
CITY-ST-ZIP	COCONUT CREEK FL 33073	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

William M Ziagos

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/01

Date

954-428-6129

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)