FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

P94000033392

DOCUMENT # P940000 33392

1. Entity Name

J.C. CUTTING SERVICES,INC.

FILED

02 OCT 25 PM 3:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4191 SW 139 Ave Suite, Apt. #, etc.	4191 SW 139 Ave Suite, Apt. #, etc.
Miami, Fl. City & State	Miami,Fl City & State
33175 Zip / Country: USA	33175 Zip / Country: USA

4. FEI Number: 65-0488019 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Jorge Calvo

Street Address (P.O. Box Number is Not Acceptable): 4191 SW 139 Ave

City: Miami **FL** Zip Code: 33175

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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (Date) Registered Agent signature required when reinstating.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
P-D Calvo,Maria C. 4191 SW 139 Ave Miami, Fl. 33175	600008810156 11/05/02--01082--013 **150.00
	DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE _____

PAPCUT

J. C. Cutting Services, INC.
4191 SW 139 Avenue
Miami, Florida 33175

Miami, October 24, 2002

Division of Corporation
Uniform Business Report
P.O. Box 1500
Tallahassee, Fl 32302-1500

Dear Sir:

This letter is to inform you that we never received the original form to be file before May 1st, I will appreciate very much if you received and accept our check in the amount of $ 150.00 as payment of the Corporation Uniform Business Report for year 2002.

I appreciate your help to resolve this matter.

Sincerely your:

Maria C. Calvo
President