2003

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2003 8:00 am
Secretary of State
03-13-2003 90070 028 ***150.00

DOCUMENT # P94000087956

1. Entity Name
CYPRESS TOOLS CORPORATION

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
444 E 63RD STREET	444 E 63RD STREET
Suite, Apt. #, etc. -----	Suite, Apt. #, etc. ----
City & State: HIALEAH-FLORIDA	City & State: HIALEAH-FLORIDA
Zip: 33013 Country: USA	Zip: 33013 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0538463 ☐ 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: SANCHEZ, EVA

Street Address (P.O. Box Numbers Not Acceptable): 9445 SW 40TH ST SUITE 101

City: MIAMI FL Zip Code: 33165

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

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

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	D
NAME	SEOANE, JUAN C.
STREET ADDRESS	581 EAST 44TH STREET
CITY-ST-ZIP	HIALEAH FL 33313
TITLE	
NAME	
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CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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: Juan C. Seoane JUAN C. SEOANE DIRECTOR (305) 685-0685