

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000055197

1. Entity Name

CUT-THROAT PINOCHLE NEWSLETTER, INC.

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90320 049 ***150.00

Principal Place of Business

12120 SW 271ST STREET
MIAMI FL 33032
US

Mailing Address

12120 SW 271ST ST
MIAMI FL 33032
US

2. Principal Place of Business

12425 S.W. 226 St

3. Mailing Address

12425 S.W. 226 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, Fl.

City & State

Miami, Florida

Zip

33170

Country

MIAMI DADE

Zip

33170

Country

MIAMI-DADE

4. FEI Number

65-0626841

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COLLINS, ANTHONY
10605 SW 165TH TERRACE
MIAMI FL 33157

7. Name and Address of New Registered Agent

Name

LYDIA E. WALKER

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

12425 S.W. 226 STREET

City

MIAMI

FL

Zip Code

33170

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 *Lydia E. Walker*
LYDIA E. WALKER, SECRETARY

4/21/01

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) ☐

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

TITLE **P** ☐ Delete
NAME **COLLINS, ANTHONY**
STREET ADDRESS **12120 SW 271ST STREET**
CITY-ST-ZIP **MIAMI FL 33032**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S/T** ☐ Change ☒ Addition
NAME **LYDIA E. WALKER**
STREET ADDRESS **12425 S.W. 226 ST.**
CITY-ST-ZIP **MIAMI, FL. 33170**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *Lydia E. Walker*
LYDIA E. WALKER, SECRETARY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/01

Date

(305) 258 5969

Daytime Phone #

CR2E034 (10/00)

01/1/187