

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000020563

1. Entity Name

JAZZIE CUT, INC.

Principal Place of Business

N.W. 193RD LANE  
LOCKA FL 33055

Mailing Address

5403 N.W. 193RD LANE  
OPA LOCKA FL 33055-1698  
US

Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0733076

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

This corporation is eligible to satisfy its intangible  
x filing requirement and elects to do so.  
(See criteria on back)

**FILE NOW!!! FEE IS \$150.00 + P.75**  
**After MAY 1, 2000 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

## OFFICERS AND DIRECTORS

P	<input type="checkbox"/> Delete	MATHEWS, ANN-MARIE 5403 NW 193RD LANE OPA LOCKA FL 33055
VP	<input type="checkbox"/> Delete	MATHEWS, GEORGE 5403 NW 193RD LANE OPA LOCKA FL 33055
	<input type="checkbox"/> Delete	
	<input type="checkbox"/> Delete	
	<input type="checkbox"/> Delete	
	<input type="checkbox"/> Delete	

12.

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

SIGNATURE: *Ann Marie Mathews*

SIGNATURE AND TITLE

4/6/00

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90495 049 \*\*\*150.00

000733076



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)