

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2003 8:00 am
Secretary of State

03-20-2003 90150 029 ***150.00

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1. Entity Name
JAZZIE CUT, INC.



Principal Place of Business
5403 N.W. 193RD LANE
OPA LOCKA FL 33055
US

Mailing Address
5403 N.W. 193RD LANE
OPA LOCKA FL 33055
US



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

1384 SW 181 AVE
Suite, Apt. #, etc.
Pembroke Pines,
City & State
FL

3. Mailing Address

1384 SW 181 AVE
Suite, Apt. #, etc.
Pembroke Pines,
City & State
FL

Zip
33029

Country
USA

Zip
33029

Country

4. FEI Number 65-0733076

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MATHEWS, ANN-MARIE
5403 NW 193RD LANE
MIAMI FL 33055
1384 SW 181 AVE
Pembroke Pines, FL
33029

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME MATHEWS, ANN-MARIE
STREET ADDRESS 5403 NW 193RD LANE
CITY-ST-ZIP OPA LOCKA FL 33055

TITLE VP
NAME MATHEWS, GEORGE
STREET ADDRESS 5403 NW 193RD LANE
CITY-ST-ZIP OPA LOCKA FL 33055

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/03 (954) 499 4506

Date Daytime Phone #

CR2E034 (10/02)