

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000080936

1. Entity Name

ULTRA CUTTING, INC.

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

05-01-2000 90420 023 ***150.00

Principal Place of Business

11080 NW 101ST RD
SUITE 3
MEDLEY FL 33178
US

Mailing Address

10050 NW 116TH WAY, STE. 1
MEDLEY FL 33178-1162

2. Principal Place of Business

11801 NW 101st RD.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 3

City & State

MEDLEY, FL

City & State

Zip

33178

Country

USA

Country

4. FEI Number

65-0787956

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WAKSMAN, SAMUEL M
10050 N.W. 166 WAY
SUITE 1
MEDLEY FL 33178

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.

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) ☐

FILE NOW!!! FEE IS \$150.00
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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME DVTS
STREET ADDRESS WAKSMAN, SAMUEL M
CITY-ST-ZIP 3650 N. 54TH AVE.
HOLLYWOOD FL 33021

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

TITLE ☐ Delete
NAME DP
STREET ADDRESS ZIGHELBOIM, JUAN C
CITY-ST-ZIP 167 DOCKSIDE CIR.
WESTON FL 33327

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SAMUEL WAKSMAN

Date

Daytime Phone #

4/21/00 305-889-0600 X
13

CR2E034 (9/99)