

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000091378**

1. Entity Name

FLORIDA CUTTING TOOLS & INDUSTRIAL EQUIPMENT, IN**FILED**
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90103 034 ***150.00

Principal Place of Business

Mailing Address

**921 MONTICELLO AVENUE
DAVIE FL 33325****921 MONTICELLO AVENUE
DAVIE FL 33325****607017**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

218 Riverwalk Circle**218 Riverwalk Circle**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Sunrise, FL**Sunrise, FL**4. FEI Number **65-0791378**

Applied For

Not Applicable

Zip

Country

33326**U.S.A.**

Zip

Country

33326**U.S.A.**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

**ZULUAGA, ALVARO
921 MONTICELLO AVE
DAVIE FL 33325**

Name

Alvaro Zuluaga

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

218 Riverwalk Circle

City

Sunrise**FL**

Zip Code

33326

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

Alvaro Zuluaga (President)**1-11-01**

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 State10. 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 **D** ☐ Delete
NAME **ZULUAGA, ALVARO**
STREET ADDRESS **921 MONTICELLO AVENUE**
CITY-ST-ZIP **DAVIE FL 33325**TITLE **P/D** ☒ Change ☐ Addition
NAME **Alvaro Zuluaga**
STREET ADDRESS **218 Riverwalk Circle**
CITY-ST-ZIP **Sunrise, FL 33326**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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)(f), 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:

Alvaro Zuluaga President

Date

Daytime Phone #

CR2E034 (10/00)