

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000105527

1. Entity Name

OLD CUTLER LADY, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90158 012 ***150.00

Principal Place of Business

Mailing Address

20529 OLD CUTLER RD
 MIAMI FL 33157
 US

12966 SW 133RD CT
 MIAMI FL 33186-5806
 US

2. Principal Place of Business

3. Mailing Address

13300 SW 128 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MIAMI FL

4. FEI Number

65-0801902

Applied For

Not Applicable

Zip

Country

Zip

Country

33186

US

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

Name

VALLADARES, ALEXANDER F
 5048 SOUTHWEST 154 COURT
 MIAMI FL 33185

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

13300 SW 128 ST

City

MIAMI

FL

Zip Code

33186

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 **D** ☐ Delete
 NAME **VALLADARES, ALEXANDER F**
 STREET ADDRESS **5048 SOUTHWEST 154 COURT**
 CITY-ST-ZIP **MIAMI FL 33185**

☒ Change ☐ Addition
 TITLE
 NAME
 STREET ADDRESS **13300 SW 128 ST.**
 CITY-ST-ZIP **MIAMI, FL 33186**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition
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☐ Change ☐ Addition
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 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

05/15/2000

CR2E034 (9/99)