2001 UNIFORM BUSINESS REPORT (UBR)

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FILED
Jun 27, 2001 8:00 am
Secretary of State
05-22-2001 90062 008 ***150.00

DOCUMENT # P98000044119

1. Entity Name
PERFECT CUT, CORP.

(LA)

Principal Place of Business	Mailing Address
4783 Palm Avenue Hialeah Fl 33012	7800 Harding Ave Suite 4 Miami Beach Fl 33141

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65=0842559 ☐ Applied For ☐ Not Applica

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
RODRIGUEZ, GUILLERMO 7800 Harding Avenue Suite 4 Miami Beach Florida 33141	Name Street Address (P.O. Box Number is Not Acceptable) City / 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 X [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) ☐

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May B Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD RODRIGUEZ, GUILLERMO 7800 Harding Ave Ste 4 Miami Beach Fl 33141	☐ Delete		☐ Change ☐ Addi
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~VPD~~ ~~VALDES, ERNESTO A~~ ~~1825 W 44 Place Apt 911~~ Hialeah Fl 33012	X ☐ Delete		☐ Change ☐ Addi
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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 informatio 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 direct 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 1. changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4/30/2001 (305) 362-9139
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #