

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000015816

1. Entity Name

PRINCESS CUT ROUTERING, INC.

FILED
Mar 30, 2000 8:00 am
Secretary of State

03-30-2000 90028 038 ***150.00

Principal Place of Business

10289 NORTHWEST 53RD STREET
SUNRISE FL 33351

Mailing Address

10289 NORTHWEST 53RD STREET
SUNRISE FL 33351-8077

2. Principal Place of Business

10873 NW 52nd St.

3. Mailing Address

10873 NW 52nd St.

Suite, Apt. #, etc.

SUITE 3

Suite, Apt. #, etc.

SUITE 3

City & State

SUNRISE, FL

City & State

SUNRISE, FL

Zip

33351

Country

BROWARD

Zip

33351

Country

BROWARD



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0900811

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

SPIEGEL & UTRERA, P.A.

343 ALMERIA AVENUE

CORAL GABLES FL 33134

Name

LUCIA T. REICHERTER

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

10873 NW 52nd St.

SUITE 3

City

SUNRISE

FL

Zip Code

33351

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

Lucia T. Reichter LUCIA T. REICHERTER, PRESIDENT 2/2/2000

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	PSTD	<input type="checkbox"/> Delete
NAME	REICHERTER, LUCIA T	
STREET ADDRESS	3265 RIVERSIDE DRIVE	
CITY - ST - ZIP	CORAL SPRINGS FL 33065	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Lucia T. Reichter LUCIA T. REICHERTER 2/2/2000 (954) 748-1520

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)