

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000063574****1. Entity Name**
CARLOS CUSTOM CUTTING, INC.**FILED**
Mar 16, 2001 8:00 am
Secretary of State

03-16-2001 90037 035 ***150.00

Principal Place of Business**2020 PLEASANT DR.**
NORTH PALM BEACH FL 33408**Mailing Address****2020 PLEASANT DR.**
NORTH PALM BEACH FL 33408**2. Principal Place of Business**

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State**City & State****4. FEI Number** **65-0938801**

Applied For

Not Applicable

Zip**Country****Zip****Country****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****RIVERA, CHERYL S**
2020 PLEASANT DR.
NORTH PALM BEACH FL 33408**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, 2001 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing** ☐ **\$5.00 May Be**
Trust Fund Contribution. **Added to Fees****11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE** **D** ☐ Delete
NAME **RIVERA, CARLOS F**
STREET ADDRESS **2020 PLEASANT DR.**
CITY-ST-ZIP **NORTH PALM BEACH FL 33408****TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** **D** ☐ Delete
NAME **RIVERA, CHERYL S**
STREET ADDRESS **2020 PLEASANT DR.**
CITY-ST-ZIP **NORTH PALM BEACH FL 33408****TITLE** ☐ Change ☐ Addition
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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:***Cheryl S Rivera* **Cheryl S. Rivera** **2-14-01** **561-366-5518**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)