## 2001 UNIFORM BUSINESS REPORT (UBR) May 17, 2001 8:00 am § Secretary of State DOCUMENT # P99000086698 1. Entity Name 05-17-2001 91344 030 \*\*\*150.00 DETEL CORPORATION Principal Place of Business Mailing Address 10634 NW 48TH ST. 10634 NW 48TH ST. A0069471 CORAL SPRINGS FL 33076 CORAL SPRINGS FL 33076 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0956746 Not Applicable Žip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LEVINE & SEGAUL, P.A. Street Address (P.O. Box Number is Not Acceptable) 4300 N. UNIVERSITY DR., STE. A-106 FORT LAUDERDALE FL 33351 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Addition TITLE ☐ Detete TITLE NAME DAVIS, ANA MARIA NAME STREET ADDRESS 10634 NW 48TH ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS FL 33076 TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 12 changed, or on an attachment with an address, with all other like empowered

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: 2

TITLE

STREET ADDRESS

CITY-ST-ZIP

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

Change

Addition

Affectment A0069471

## **DETEL CORPORATION**

IN THE VORTEX OF TECHNOLOGY

10634 N.W. 48 STREET CORAL SPRINGS, FLORIDA 33076 TEL/FAX: (954) 340-3419 E-MAIL: detelcorp@aol.com

May 7, 2001

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

RE:

Detel Corporation and

City Cuts, Inc.

To Whom It May Concern:

I am sending the filing for two different Corporations, however the reports were received this past week. I had call your office earlier in order to explain the problem, and I was advised to write this letter informing of the late receipt of the report by this office. I am sending the checks for the reports, I am never late with any of our reports or filings of any type, as your records should show. Your cooperation in this matter is greatly appreciated.

Sincerely

Ana M. Davis, Pres