

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90063 026 ***150.00

661296

DO NOT WRITE IN THIS SPACE

DOCUMENT # **P99 000094226**

1. Entity Name
PRIME Cut At Country Isles, Inc.

Principal Place of Business
2832 NE 21ST COURT
FT. LAUDERDALE, FL 33305

2. Principal Place of Business
1132 WESTON RD.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
WESTON, FL.

City & State
 City & State

Zip
33326

Country

Zip
 Zip

Country

4. FEI Number
65-0957999

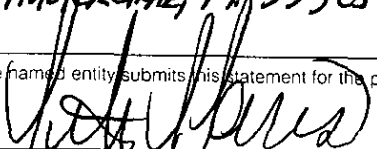
Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
PETER P PARISI
2832 NE 21ST COURT
FT. LAUDERDALE, FL 33305

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
4045 NW 16TH STREET
 City
FT. LAUDERDALE **FL** Zip Code
33313

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  **PETER P PARISI** **4/29/00**
 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

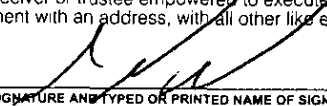
11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Delete
DP	RICHARD MOORE	11200 SW 1ST COURT	PLANTATION, FL.	<input type="checkbox"/>
DS	DANIEL D. TURPIN	552 SLIPPERY ROCK RD	WESTON, FL.	<input type="checkbox"/>
DV	SHARI TURPIN COZINE	11351 SW 8TH PLACE	PENNAPOKE PINES, FL. 33325	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:  **DANIEL D. TURPIN** **4/29/00** **(954) 731-7215**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)