

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2001 8:00 am
Secretary of State

05-19-2001 90275 044 ***150.00

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DO NOT WRITE IN THIS SPACE

DOCUMENT # *P99000094226*

1. Entity Name
PRIME CUT AT COUNTRY ISLES, INC.

Principal Place of Business
1132 WESTON Rd
WESTON, FL 33326

Mailing Address
2832 NE 21ST COURT
FT. LAUDERDALE FL 33305

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
4045 NW 16TH STREET
111

City & State
FT. LAUDERDALE FL

Zip
33313

Country
USA

4. FEI Number
65-0957999

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

6. Name and Address of Current Registered Agent
PARISI, PETER P
4045 N.W. 16TH STREET
FT. LAUDERDALE, FL 33313

7. Name and Address of New Registered Agent

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)**

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
<i>DP</i> <i>MOORE, RICHARD B</i> <i>11200 SW 1ST COURT</i> <i>PLANTATION, FL 33326</i>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
<i>DS</i> <i>TURPIN, DANIEL D</i> <i>5525 HIPPERY ROCK Rd</i> <i>WESTON, FL 33326</i>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
<i>DV</i> <i>TURPIN - COZINE, SHARI</i> <i>11351 SW 8TH PLACE</i> <i>PENROCK PINE, FL 333</i>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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* *4/30/01* *(954) 731-7215*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (11/00)