2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9900098170 **CRAZY CUTS, INC.						FILED 00 SEP 18 PM 12: 48	
Principal Place of Business Mailing Address						UU SEI TO TO	
1655 SW 107 AVE. MIAMI FL 33165		1655 SW 107 AVE. MIAMI FL 33165				SECRETARY OF STATE TALLAHASSEE FLORIDA	
2. Principal P	lace of Business	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5/11/00 DO NOT WRITE IN THIS SPACE		
City & State		City & State			FEI Number Applied For Not Applicable		
Zip	Country	Zip	Count	try		Certificate of Status Desired \$8.75 Additional Fee Required	
	6. Name and Address of Current R	egistered Agent		Nome	7.	Name and Address of New Registered Agent	
PRIETO, HECTOR 1655 SW 107 AVE. MIAMI FL 33165				Name Street Add	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!!! F After SEPTEMBER 13, 20 Make Check Payable to				Min. will b	e \$750.00	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees	
11. OFFICERS AND DIRECTORS 12					Á	DDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PRIETO, HECTOR 1655 SW 107 AVE. MIAMI FL 33165	Delete			1461	ARDO HERCHAN - President.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PIN WHITE GOTTON	☐ Delete	TITLE NAME STREE			Tou PriETO Change Naddition Tow PriETO To W. FLAGLER St. #107 THIS JANY -V. Plesi / secretary	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			VIG 43 MI	F. President. Change Addition 2.4. CAKBONA 40 W. FLAGLER ST. #107	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete		i	MA	awary coring Cojas Change Addition Coloring Cojas	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Defete			,	Change Addition 5000034151253 -10/05/8001079007 ****400.00 ****400.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		1		☐ Change ☐ Addition SP	
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.							

10/2000