

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2001 8:00 am
Secretary of State

0106238

DOCUMENT # S76080

1. Entity Name
FAMILY CUTS CORP.

02-08-2001 90429 001 *****8.75
 02-08-2001 90429 002 ***150.00

Principal Place of Business 3930 SW 40 AVE. PEMBROKE PARK FL 33023 US	Mailing Address 3930 SW 40 AVE. PEMBROKE PARK FL 33023 US
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25768



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0287131	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

MEJIA, RAFAEL
 1480 NE 161 ST.
 N. MIAMI BCH. FL 33162

7. Name and Address of New Registered Agent

Name
IDALIA DE BLANCK

Street Address (P.O. Box Number is Not Acceptable)
7921 W. DRIVE APT # 6

City **NORTH BAY VILLAGE** State **FL** Zip Code **33141**

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: **IDALIA DE BLANCK** DATE: **1/25/2001**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE DP	<input checked="" type="checkbox"/> Delete
NAME MEJIA, RAFAEL	
STREET ADDRESS 1480 NE 161 ST	
CITY-ST-ZIP N. MIAMI BCH. FL	
TITLE DST	<input checked="" type="checkbox"/> Delete
NAME MEJIA, SONIA	
STREET ADDRESS 1480 NE 161 ST	
CITY-ST-ZIP N. MIAMI BCH. FL	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME IDALIA DE BLANCK	
STREET ADDRESS 7921 W. DRIVE APT. 6	
CITY-ST-ZIP NORTH BAY VILLAGE, FL.33141	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP NONE	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: **IDALIA DE BLANCK** DATE: **1/20/2001** DAYTIME PHONE #: **954-964-3849**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)