## 2000 UNIFORM BUSINESS REPORT (UBR)

## Feb 21, 2000 8:00 am Secretary of State DOCUMENT # 751956 1. Entity Name CATS EXCLUSIVE, INC. 02-21-2000 90003 041 \*\*\*\*70.00 Principal Place of Business Mailing Address 6350 W. ATLANTIC BLVD 6350 W. ATLANTIC BLVD MARGATE FL 33063 MARGATE FL 33063-5143 11111122077 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2212954 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent JACKSON, MARGE Street Address (P.O. Box Number is Not Acceptable) JACKSON, MARGE D 5010 MADISON STREET N.W. 123 DRIVE HOLLYWOOD FL 33021 Zip Code 7/ CORAL SPRINGS 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. ", MA LUHE Signature, typed or printed name of registere (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. (66/6)PD ☐ Delete TITLE Change ☐ Addition BOYCE, DAVID NAME 10555 WHEELHOUSE CIRCLE STREET ADDRESS CITY-ST-ZIP ST-ZIP **BOCA RATON FL 33428** ☐ Change TD ☐ Defete TITLE Addition **BILELLO. RICHARD** NAME STREET ADDRESS 390 SE 6TH TERRACE ST-ZIP CITY-ST-ZIP POMPANO BEACH FL 33060 SD ☐ Change ☐ Addition ☐ Delete · ~ HILE SEIDNER, ANN NAME STREET ADDRESS 6350 W ATLANTIC BLVD ST ZIP CITY-ST-ZIP MARGATE FL 33063 ☐ Addition DR ☐ Delete TITLE Change BOYCE, KAREN NAME STREET ADDRESS ADMOSES 10555 WHEELHOUSE CIR CITY-ST-ZIP ST-ZIP **BOCA RATON FL 33428** Change ☐ Addition ٧D ☐ Delete TITLE GLANISIS, NAME STREET ADDRESS ADDRESS 7680 NW 79TH AVE, P2 CITY-ST-ZIP ST-7IP TAMARAC FL 33321 ☐ Delete TITLE Change ☐ Addition JACKSON, MARGED. JACKSON, MARGE D NAME 900 N.W. 123 DRIVE STREET ADDRESS **5010 MADISON STREET** CORAL SPRINGS FL. 3307/ CITY-ST-ZIP ST-ZIP HOLLYWOOD EL 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

**FILED**