

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L30953

1. Entity Name

K.C. KRITTERS, INC.

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90048 013 ***150.00

Principal Place of Business

Mailing Address

1087-1089 SW 17ST.
FT. LAUDERDALE FL 33316

1770 SW 30
FT. LAUDERDALE FL 33315

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0157473**

Applied For

Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~SADOR, C & KELLY~~
1770 S.W. 30TH PLACE
FT. LAUDERDALE FL 33315

Kelly J. Sador
SADOR

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) ☐

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME SADOR, CHERYL SADOR ☐ Delete
STREET ADDRESS 1770 S.W. 30TH PLACE
CITY-ST-ZIP FT. LAUDERDALE FL 33315

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

TITLE VP
NAME SADOR, KELLY J SADOR ☐ Delete
STREET ADDRESS 1770 SW 30TH PLACE
CITY-ST-ZIP FT LAUDERDALE FL

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

TITLE T
NAME FALEIRAR, JOSE C. ☐ Delete
STREET ADDRESS 2765 S. OAKLAND #203
CITY-ST-ZIP FT LAUDERDALE FL 33309

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME Raymond A. Treeve ☐ Delete
STREET ADDRESS 2460 S.W 16th St
CITY-ST-ZIP Ft Lauderdale FL 33316

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

TITLE
NAME Jeffrey Klein S ☐ Delete
STREET ADDRESS 500 E melrose cir
CITY-ST-ZIP Ft Lauderdale FL 33312

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Kelly J. Sador 01-30-01

CR2E034 (10/00)