2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 am
Secretary of State
03-12-2002 90285 019 ****61.25

DOCUMENT # N01000000830

1. Entity Name

FRIENDS OF SURFSIDE CATS, INC.

Principal Place of Business	Mailing Address
1111 KANE CONCOURSE STE 502 BAY HARBOR ISLANDS FL 33154	1111 KANE CONCOURSE STE 502 BAY HARBOR ISLANDS FL 33154

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 65-1075009 ☐ Applied For ☐ Not Applicable

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
WIESCHOLEK, MARTIN 424-92 ST SURSIDE FL 33154	Name Street Address (P.O. Box Number is Not Acceptable) 1111 Kane Concourse #502 City Bay Harbor Island FL Zip Code 33154

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

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP WIESCHOLEK, MARTIN 424-92 ST SURFSIDE FL 33154	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS Bob Latona 325 Surfside Blvd., #16 Surfside, FL 33154 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV STEINFELD, LAREINE 9180 BYRON AVE SURFSIDE FL 33154	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP WIESCHOLEK MARTIN 1111 Kane Concourse #502 Bay Harbor FL 33154 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS JOYCE, BRENDA 9165 COLLINS AVE SURFSIDE FL 33154	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT STEINFELD, DAVID 9180 BYRON AVE SURFSIDE FL 33154	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E047 (01/01)

12. 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.

SIGNATURE: SIGNATURE MARTIN WIESCHOLEK 1/10/02 (305) 867-7676
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #