

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90506 037 ****61.25

DOCUMENT # N01000000830

1. Entity Name

FRIENDS OF SURFSIDE CATS, INC.



Principal Place of Business

**1111 KANE CONCOURSE STE 502
BAY HARBOR ISLANDS FL 33154**

Mailing Address

**1111 KANE CONCOURSE STE 502
BAY HARBOR ISLANDS FL 33154**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

*** 201**

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
1111 KANE CONCOURSE 502
SURSIDE FL 33154**

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. I am familiar with, and accept the obligations of registered agent.

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
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **DP** ☐ Delete
NAME **WIESCHOLEK, MARTIN**
STREET ADDRESS **1111 KANE CONCOURSE 502**
CITY-ST-ZIP **SURFSIDE FL 33154**

TITLE **DV** ☐ Delete
NAME **STEINFELD, LAREINE**
STREET ADDRESS **9180 BYRON AVE**
CITY-ST-ZIP **SURFSIDE FL 33154**

TITLE **DT** ☐ Delete
NAME **STEINFELD, DAVID**
STREET ADDRESS **9180 BYRON AVE**
CITY-ST-ZIP **SURFSIDE FL 33154**

TITLE **DS** ☐ Delete
NAME **LATONA, BOB**
STREET ADDRESS **325 SURFSIDE BLVD 16**
CITY-ST-ZIP **SURFSIDE FL 33154**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Wiescholak

9/15/04

Date

305 867-9676

Daytime Phone #