

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**

04-21-2002 90848 011 \*\*\*150.00

**DOCUMENT # P98000093810**

1. Entity Name  
**THE HUSKY GANG, INC.**

Principal Place of Business  
 256 NE 85 ST  
 MIAMI FL 33138

Mailing Address  
 256 NE 85 ST  
 MIAMI FL 33138

**31064**



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 <b>65-0888197</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**SATZ, PHYLLIS R**  
**256 NE 85 ST**  
**MIAMI FL 33138**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SATZ, PHYLLIS R</b> <b>256 NE 85TH ST</b> <b>MIAMI FL 33138</b> <i>Director</i> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AD ASST DIR</b> <b>SATZ, BARRY</b> <b>256 NE 85TH ST</b> <b>MIAMI FL 33138</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>A.D. ASSIST DIR</b> <b>MANGIARACINA, CHRISTOPHER</b> <b>256 NE 85 ST</b> <b>MIAMI FL 33138</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S SECRETARY</b> <b>ESTHER RAIZEL DAVIDSON</b> <b>3591 FLAMINGO DR.</b> <b>MIAMI BEACH FL 33140</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>now void</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AD ASST DIR</b> <b>PETER KILLISSAN</b> <b>4305 LAKE RD</b> <b>MIAMI FL 33137</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>now void</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Frank Tyson AD ASST DIR</b> <b>POB 549</b> <b>JUPITER FL 33468-0549</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 empow...

SIGNATURE: *Phyllis R Satz* **PHYLLIS R SATZ**

Date \_\_\_\_\_ Daytime Phone # **305-754-3097**

CR2E034 (9/01)