

2000 UNIFORM BUSINESS REPORT (UBR)

4/4

DOCUMENT # F94000004957

1. Entity Name

KAT IMPORT BROKERS, INC.

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FILED
Jul 13, 2000 8:00 am
Secretary of State

04-26-2000 90408 001 ***300.00

Principal Place of Business

Mailing Address

10813 N.W. 30TH STREET
SUITE 100
MIAMI FL 33172
US

145TH AVE. AT HOOK CREEK BLVD.
VALLEY STREAM NY 11581



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

11-2695373

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

BEATTIE, ROSEMARY
8840 NW 18TH TERRACE
MIAMI FL 33168

Name
Roy Applegate

Street Address (P.O. Box Number is Not Acceptable)

10813 NW 30TH ST. #100

City
Miami

FL

Zip Code
33172

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 ROY APPLGATE

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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	PD KRETSCHMER, KLAUS 145TH AVE. AT HOOK CREEK BLVD. VALLEY STREAM NY 11581	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BARNAD, JOSEPH 145TH AVE. AT HOOK CREEK BLVD. VALLEY STREAM NY	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RIORDON, DENNIS 145TH AVE. AT HOOK CREEK BLVD. VALLEY STREAM NY 11581	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/25/00 825-4032

CR2E034 (9/99)