

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000000498

1. Entity Name

PORTAL-MUNDO, INC.

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90104 025 ***150.00

Principal Place of Business

13309 NW 16TH ST
PEMBROKE PINE FL 33028
US

Mailing Address

13309 NW 16TH ST
PEMBROKE PINES FL 33028-2730
US

80007176

2. Principal Place of Business

13309 NW 16TH ST.

Suite, Apt. #, etc.

3. Mailing Address

13309 NW 16TH ST.

Suite, Apt. #, etc.

PEMBROKE PINES, FL

City & State

PEMBROKE PINES, FL

City & State

4. FEI Number

43-1603802

Applied For

Not Applicable

Zip

33028

Country

U.S.A.

Zip

33028-2730

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KATER, VICTOR R
13309 NW 16TH ST
PEMBROKE PINES FL 33028

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

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

TITLE PCD ☐ Delete
NAME KATER, VICTOR R
STREET ADDRESS 13309 NW 16TH ST
CITY-ST-ZIP PEMBROKE PINES FL 33028

TITLE VSD ☐ Delete
NAME KATER, KATHRYN M
STREET ADDRESS 13309 NW 16TH ST
CITY-ST-ZIP PEMBROKE PINES FL 33028

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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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:

Victor R. Kater
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/13/00. (954) 433-2344