

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2002 8:00 am
Secretary of State

04-19-2002 90002 024 ***150.00

0289048 AV

DOCUMENT # G38739

1. Entity Name
PETTICOATS, INC.

Principal Place of Business
14855 N.E. 20TH AVENUE
N. MIAMI FL 33181

Mailing Address
14855 N.E. 20TH AVENUE
N. MIAMI FL 33181



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2290599**

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

KLEIN, FRANK
3820 N CIRCLE DRIVE
HOLLYWOOD FL 33021

Name

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

1300 St Charles Place #103

City

Pembroke Pines

FL

Zip Code

33026

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VDP** ☐ Delete
NAME **KLEIN, FRANK**
STREET ADDRESS **16970 NE 8 PLACE**
CITY-ST-ZIP **N MIAMI FL**

TITLE ☒ Change ☐ Addition
NAME **P Frank Klein**
STREET ADDRESS **1300 St Charles Pl. #103**
CITY-ST-ZIP **Pembroke Pines, FL 33026**

TITLE **SD** ☒ Delete
NAME **RITTER, HONNIE**
STREET ADDRESS **5203 SW 121ST TERR**
CITY-ST-ZIP **COOPER CITY FL**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)