

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State
 04-25-2001 90127 033 ***150.00

0261334

DOCUMENT # L51617

1. Entity Name

S. KATZ ENTERPRISES, INC.

Principal Place of Business

Mailing Address

**7540 NW 5TH STREET
 SUITE 4
 PLANTATION FL 33317
 US**

**7540 NW 5TH STREET
 SUITE 4
 PLANTATION FL 33317
 US**

2. Principal Place of Business

1580 NW 101 AV

3. Mailing Address

1580 NW 101 AV

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PLANTATION

City & State

FLORIDA

City & State

Plantation, FL

Zip

33322

Country

US

Zip

33322

Country

US

6. Name and Address of Current Registered Agent

**KATZ, SHERYL
 1580 NW 101 AVE
 FORT LAUDERDALE FL 33322**

7. Name and Address of New Registered Agent

Name **KATZ, SHERYL**

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, 2001 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 ☐ Delete
 NAME **P KATZ, SHERYL**
 STREET ADDRESS **7540 NW 5 ST STE 2**
 CITY-ST-ZIP **PLANTATION FL 33313**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME **P KATZ, SHERYL**
 STREET ADDRESS **1580 NW 101 AVE**
 CITY-ST-ZIP **Plantation, FL 33322**

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

TITLE ☐ Change ☐ Addition
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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

3/19/01

Date

Daytime Phone #

CR2E034 (10/00)