

2000 UNIFORM BUSINESS REPORT.(UBR)

4/12

FILED

May 16, 2000 8:00 am
Secretary of State

04-12-2000 90050 014 ****61.25

DOCUMENT # N99000007510

1. Entity Name

HELP M-E-O-W-T CAT RESCUE OF FLORIDA, INC.

Principal Place of Business

8551 WEST SUNRISE BLVD. #102
PLANTATION FL 33322-4007

Mailing Address

8551 WEST SUNRISE BLVD. #102
PLANTATION FL 33322-4007

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0889558

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~JUMPING JAX TAX, INC.~~
8551 WEST SUNRISE BLVD, #102
PLANTATION FL 33322-4007

7. Name and Address of New Registered Agent

Name JUMPING JAX TAX, INC.
Street Address (P.O. Box Number is Not Acceptable)
8551 WEST SUNRISE BLVD, #102
City PLANTATION FL Zip Code 33322-4007

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

FILE NOW: :
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10.

OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	REITANO, BEATRICE	
STREET ADDRESS	5614 FARRAGUT STREET	
CITY-ST-ZIP	HOLLYWOOD FL 33022-2721	
TITLE	D	<input type="checkbox"/> Delete
NAME	NEILSON, JUDY REV	
STREET ADDRESS	8551 WEST SUNRISE BLVD, #102	
CITY-ST-ZIP	PLANTATION FL 33322-4007	
TITLE	D	<input type="checkbox"/> Delete
NAME	MALERBA, JOHN J EA	
STREET ADDRESS	8551 WEST SUNRISE BLVD, #102	
CITY-ST-ZIP	PLANTATION FL 33322-4007	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1625 Tatt St, South Unit	
STREET ADDRESS	Hollywood, FL	
CITY-ST-ZIP	33020-3215	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1625 Tatt St, South Unit	
STREET ADDRESS	Hollywood, FL	
CITY-ST-ZIP	33020-3215	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 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 #

CR2E037 (9/99)