

FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

FILED

02 MAY -7 AM 10:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

Entity Name

001000104539

KATZ DELI OF PEMBROKE PINES, INC

DO NOT WRITE IN THIS SPACE

Principal Place of Business

2221 PEMBROKE ROAD

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

PEMBROKE PINES, FL

City & State

Zip

33025-1725

Country

USA

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1151663

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

RON HAIBI

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

12221 PEMBROKE ROAD

City

PEMBROKE PINES

FL

Zip Code

33025-1725

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

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

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\$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS			
FILE	D	TITLE	
NAME	HAIBI, RON	NAME	
STREET ADDRESS	12221 PEMBROKE ROAD	STREET ADDRESS	
CITY - ST - ZIP	PEMBROKE PINES, FL 33025-1725	CITY - ST - ZIP	
FILE	VI	TITLE	
NAME	HAIBI, MIAM	NAME	
STREET ADDRESS	12221 PEMBROKE ROAD	STREET ADDRESS	
CITY - ST - ZIP	PEMBROKE PINES, FL 33025-1725	CITY - ST - ZIP	
FILE		TITLE	
NAME		NAME	
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STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

4-24-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Signature, Phone #

CR2E034B (12/01)