

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90789 003 ***150.00

0342257 AV

DOCUMENT # P01000108161

1. Entity Name
WHAT A DEAL, INC.



Principal Place of Business
**4533 SW 37TH AVE
DANIA BCH FL 33312**

Mailing Address
**4533 SW 37TH AVE
DANIA BCH FL 33312**



2. Principal Place of Business

3. Mailing Address

2631 Marathon Lane

2631 Marathon Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Ft Lauderdale FL

City & State
Ft Lauderdale, FL

4. FEI Number
65-1155814

Applied For
Not Applicable

Zip
33312

Country

Zip
33312

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

**SABATER, KATHERINE
4533 SW 37TH AVE
DANIA BCH FL 33312**

Name
Katherine Sabater

Street Address (P.O. Box Number is Not Acceptable)
2631 Marathon Lane

City
Ft Lauderdale **FL** **33312**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-10-03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SABATER, KATHERINE
4533 SW 37TH AVE
DANIA BCH FL 33312

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
2631 Marathon Lane
Ft Lauderdale, FL 33312

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
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CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-03 954-650-1533

Date

Daytime Phone #

CR2E034 (10/02)