

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000038557

1. Entity Name

Tiger Cats of Pem. Pines Inc

FILED
Aug 29, 2000 8:00 am
Secretary of State

08-29-2000 90003 002 ***150.00

00082083

Principal Place of Business

Mailing Address

10201 pines Blvd
pem. pines Fla 33027

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0419258

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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, 2000 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	Herb Levine	<input type="checkbox"/> Delete
NAME	13550 SW 6th Ct 401A	
STREET ADDRESS	pem pines Fla 33027	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)

Attachment
Pembroke Pines Doc# P93000038551
F.E.I.#
1619271097411
TIGERCUTS
America's Family Priced Haircutters

DAVID 16112323341
F.E.I.#
7/18/00
13550 SW 6th St #401A
Pembroke Pines
FLA 33027

To Whom It May Concern,

I spoke to a lady, Jo, @ 850-487-6056 over the phone this A.M. and she advised me to send the 2 checks for \$150 each to this address. We have been in business for over 10 years and in checking your records you will find we have had 4 corporations under the name of Tigercuts for each location in towns of Sunrise, Hollywood, Coral Springs, Dade, Pembroke Pines, Miramar, and have never been late in any payments.

would now like all future correspondence to go to

HERB LEVINE
C/O TIGERCUTS
13550 S.W. 6TH ST SUITE 401A
PEMBROKE PINES FL. 33027

Sorry for any inconvenience by handling it in the future in this manner I feel it can be conducted more judiciously. We have downsized our locations, no longer have our former director for over 10 years, business has become highly competitive, and are getting by, 'by the skin of our teeth'.

This is the 1st notice we received and with all future correspondence going to the address circled and highlighted I am certain we can be more expeditious towards the future.

Thanking you for all past and present favours.

I remain

Respectfully,
Herb Levine

Do not Remove!