## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # **P93000067084** Apr 17, 2000 8:00 am Secretary of State POLECAT INDUSTRIES, INC. 04-17-2000 90098 010 \*\*\*150.00 Principal Place of Business Mailing Address 14141 S.W. 142 ST. 14141 S.W. 142 ST MIAMI FL 33186-5543 MIAMI FL 33186 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0442391 Not Applicable Country \$8.75 Additional Zip Country Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current-Registered Agent Name **GWILLIAM, WAYNE W** Street Address (P.O. Box Number is Not Acceptable) 19645 S.W. 84 CT. **MIAMI FL 33157** Zip Code City FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Change CEOT ☐ Delete TITLE TITLE GWILLIAM, WAYNE W NAME NAME STREET ADDRESS 16945 SW 84 COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Addition Change ☐ Delete TITLE GWILLIAM, WAYNE W NAME NAME STREET ADDRESS 16945 SW 84 COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL - Addition -Change Delete -TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

PRESIDENT

WASHE W. GWILLIAM 10 00

305-254-8999

Daytime Phone #