

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jul 31, 2002 8:00 am
Secretary of State

07-31-2002 90107 017 ***150.00

DOCUMENT # P95000048960

1. Entity Name

CHERYL HORVATH, INC.

Principal Place of Business

**2129 NE 44ST
FORT LAUDERDALE FL 33308**

Mailing Address

**2129 NE 44ST
FORT LAUDERDALE FL 33308**

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

65-0593742

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****HORVATH, CHERYL****2129 NE 44ST
FORT LAUDERDALE FL 33308****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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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**

TITLE	DPST	<input type="checkbox"/> Delete
NAME	HORVATH, CHERYL	
STREET ADDRESS	2129 NE 44ST	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:****SIGNATURE**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)



Attachment
Joseph G. Mott, Jr., P.A.
CERTIFIED PUBLIC ACCOUNTANT

July 23, 2002

Florida Department of State
Secretary of State
Division of Corporations
Tallahassee, FL 32399

RE: Cheryl Horvath, Inc.
Reinstatement of Corporation
P95000048960

To Whom It May Concern:

With regard to the application for reinstatement for Cheryl Horvath, Inc., please consider the following:

The failure of our client to file the corporate annual report was inadvertent and not intentional, as the initial notice was never received. We respectfully request the state accept the original filing amount of \$150.

Thank you for your attention to this matter.

Sincerely,

Joseph Mott, CPA
Joseph G. Mott, Jr.
Certified Public Accountant