

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000073010

1. Entity Name

PERFORMANCE BRANDS, INC.

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90091 022 ***150.00

Principal Place of Business

Mailing Address

1750 NW 65 AVE
PLANTATION FL 33313
US

1750 NW 65 AVE
PLANTATION FL 33313-4546
US

2. Principal Place of Business

3. Mailing Address

959 Shotgun Road
Suite, Apt. #, etc.

P.O. Box 267217
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Sunrise, FL
Zip 33326 Country US

City & State
Weston, FL
Zip 33326 Country US

4. FEI Number 65-0636227

Applied For
Not Applicable

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

HOUSTON, BART A
100 NE THIRD AVENUE
SUITE 850
FT. LAUDERDALE FL 33301

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 P
NAME KAUFMAN, STACEY
STREET ADDRESS 3757 OAK RIDGE LN
CITY-ST-ZIP WESTON FL ☐ Delete

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

TITLE VP
NAME KAUFMAN, CATHY
STREET ADDRESS 3757 OAK RIDGE LN
CITY-ST-ZIP WESTON FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/19/2000 954-423-4161

CR2E034 (9/99)