

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000037330

1. Entity Name

KAT-N-DIL, INC.

FILED
Jun 23, 2000 8:00 am
Secretary of State

06-23-2000 90107 049 ***150.00

Principal Place of Business
7289 NORTHWEST 36TH STREET
MIAMI FL 33166

Mailing Address
7289 NORTHWEST 36TH STREET
MIAMI FL 33166-6702

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0663381

Applied For
Not Applicable

Zip

Country

Zip

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

BARROSO, FRANK C.
7289 NW 36TH STREET
MIAMI FL 33166

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 re-registering)

DATE

9. This corporation is eligible to qualify its incorporation

by fulfilling 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	PTD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	BARROSO, FRANK C		NAME		
STREET ADDRESS	7289 NORTHWEST 36TH STREET		STREET ADDRESS		
CITY-STATE-ZIP	MIAMI FL 33166		CITY-STATE-ZIP		
TITLE	VSD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	BAROSSO, LINA I		NAME		
STREET ADDRESS	7289 NORTHWEST 36TH STREET		STREET ADDRESS		
CITY-STATE-ZIP	MIAMI FL 33166		CITY-STATE-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 110.07(3)(b), 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

FRANK C. BARROSO

4/17/00 (305) 592-3390

2000 UNIFORM BUSINESS REPORT (UBR)

Attachment
DU66482
D# P96 0000 37330

DOCUMENT # P96 0000 37330

1. Entity Name

KAT-N-DIL, INC

Principal Place of Business

Mailing Address

7289 N.W. 36 ST
MIAMI, FL. 33166

7289 N.W. 36 ST
MIAMI, FL. 33166

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

Applied For

Zip

Country

Zip

Country

65-0663381

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

BARROSO, FRANK C.
7289 N.W. 36 ST
MIAMI, FL. 33166

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 PTD ☐ Delete
NAME BARROSO, FRANK C.
STREET ADDRESS 7289 N.W. 36 ST
CITY-ST-ZIP MIAMI, FL. 33166

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

TITLE VSD ☐ Delete
NAME BARROSO, LINA I.
STREET ADDRESS 7289 N.W. 36 ST
CITY-ST-ZIP MIAMI, FL. 33166

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FRANK C. BARROSO 4/17/00 (305) 592-3390

CR2E034 (9/99)