

2000 UNIFORM BUSINESS REPORT.(UBR)

FILED

Jun 01, 2000 8:00 am
Secretary of State

06-01-2000 90276 026 ***150.00

DOCUMENT # P 96000058839

1. Entity Name KATY DEVELOPMENT CORP.

Principal Place of Business

Mailing Address

928 BOLENDER DR.
DELRAY BEACH, FL.
33483

SAME

00058147

2. Principal Place of Business

3. Mailing Address

928 BOLENDER DR.

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

DELRAY BEACH, FL.

4. FEI Number

Applied For

65-0679077

Not Applicable

Zip

Country

Zip

Country

33483

FL

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

CHAPMAN, KRISTINE M. ESQ.
2000 GLADES RD.
SUITE 208
BOCA RATON, FL 33431

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 President
NAME JOHN H. SHAHZADE
STREET ADDRESS 928 BOLENDER DR.
CITY-ST-ZIP DELRAY BEACH, FL. 33483

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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 an other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN H SHAHZADE

Date

Daytime Phone #

5-12-2000 561-266-9195

CR2E034 (9/99)