

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State
 04-30-2002 90197 047 ***150.00

U14/303 AV

DOCUMENT # P97000020185

1. Entity Name
Z-KAT, INC.

Principal Place of Business
**2903 SIMMS STREET
 HOLLYWOOD FL 33020**

Mailing Address
**2903 SIMMS STREET
 HOLLYWOOD FL 33020**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0746331**

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

~~AMERICAN INFORMATION SERVICES, INC.~~

**ONE S.E. 3RD AVENUE
 27TH FLOOR
 MIAMI FL 33131**

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, 2002 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
 NAME **PD** ☐ Delete
 STREET ADDRESS **KERNES, WAYNE MD**
 CITY-ST-ZIP **2901 SIMMS STREET
 HOLLYWOOD FL 33020**

TITLE **CN** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS **CEO**
 CITY-ST-ZIP **ABOVITZ, RONY**
**3825 TAFT STREET
 HOLLYWOOD FL 33021**

TITLE **DN** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☒ Delete
 STREET ADDRESS **D**
 CITY-ST-ZIP **MAY, ALLAN**
**455 WOODSIDE DRIVE
 WOODSIDE CA 94062**

TITLE **P** ☐ Change ☒ Addition
 NAME **ALEXANDRIS, THOMAS**
 STREET ADDRESS **4001 CARLYLE LAKES BLVD**
 CITY-ST-ZIP **PALM HARBOR, FL 34685**

TITLE
 NAME ☒ Delete
 STREET ADDRESS **D**
 CITY-ST-ZIP **GYLLING, PH.D. ROBERT**
**595 MINER ROAD
 CLEVELAND OH**

TITLE **VITIS** ☐ Change ☒ Addition
 NAME **LAPORTE, FRITZ**
 STREET ADDRESS **1260 SW 4 STREET**
 CITY-ST-ZIP **BOCA RATON, FL 33486**

TITLE
 NAME ☒ Delete
 STREET ADDRESS **D**
 CITY-ST-ZIP **BROOKS, PH.D., RODNEY**
**AL LAB, MIT, 545 TECHNOLOGY SQUARE
 CAMBRIDGE MA 02139**

TITLE **D** ☐ Change ☒ Addition
 NAME **WHITMAN, JOHN**
 STREET ADDRESS **845 ALEXANDER ROAD**
 CITY-ST-ZIP **PRINCETON, NJ 08543**

TITLE
 NAME ☒ Delete
 STREET ADDRESS
 CITY-ST-ZIP **SEE ATTACHED**

TITLE **D** ☐ Change ☒ Addition
 NAME **LAI, Ph.D., POE**
 STREET ADDRESS **10F-1, 560 CHUNGHSIAO E. ROAD SEC. 4**
 CITY-ST-ZIP **TAIPEI 110, TAIWAN, ROC**

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:

FRITZ LAPORTE, CFO
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/02
 Date

954-997-2044
 Daytime Phone #

CR2E034 (9/01)