

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000033702

1. Entity Name

SHOGUN EXOTIC CATS, INC.

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90182 044 ***150.00

Principal Place of Business

6001 BROKEN SOUND PKWY
504
BOCA RATON FL 33487

Mailing Address

6001 BROKEN SOUND PKWY
504
BOCA RATON FL 33487-2766

2. Principal Place of Business

5301 N. FEDERAL HWY
Suite, Apt. #, etc.
#130

3. Mailing Address

5301 N. FEDERAL HWY
Suite, Apt. #, etc.
#130

City & State

BOCA RATON FL

City & State

BOCA RATON FL

4. FEI Number

65-0749697

Applied For

Not Applicable

Zip

33487

Country

USA

Zip

33487

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KOTTLER, MARK
6001 BROKEN SOUND PKWY
504
BOCA RATON FL 33487

7. Name and Address of New Registered Agent

Name KOTTLER, MARK
Street Address (P.O. Box Number is Not Acceptable)
5301 N. FEDERAL HWY
Suite 130
City BOCA RATON FL Zip Code 33487

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

TITLE P
NAME CANZONETTA, VICTORIA
STREET ADDRESS 6001 BROKEN SOUND PKWY #504
CITY-ST-ZIP BOCA RATON FL 33487 ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME CANZONETTA, VICTORIA
STREET ADDRESS 5301 N. FEDERAL HWY #130
CITY-ST-ZIP BOCA RATON FL 33487

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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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 #

CR2E034 (9/99)