

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P97000102012

1. Entity Name

FRENCH CATS, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

609 FIRST KEY DRIVE

3. Mailing Address

609 FIRST KEY DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

FORT LAUDERDALE, FL

City & State

FORT LAUDERDALE, FL

4. FEI Number

65-0926036

Applied For

Not Applicable

Zip

33304

Country

BROWARD

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

MARC CUDENNEC

Street Address (P.O. Box Number is Not Acceptable)

609 FIRST KEY DRIVE

City

FORT LAUDERDALE

FL

Zip Code

33304

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

Marc Cudennee

4/30/02

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)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

NAME

STREET ADDRESS

CITY-ST-ZIP

PRESIDENT, DIRECTOR  
MARC CUDENNEC  
609 FIRST KEY DRIVE  
FORT LAUDERDALE, FL 33304

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

100005556851--2  
-05/17/02--01028--005  
\*\*\*\*476.25 \*\*\*\*476.25

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

V. PRESIDENT, DIRECTOR  
CHAN CUDENNEC  
609 FIRST KEY DRIVE  
FORT LAUDERDALE, FL 33304

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Marc Cudennee

4/30/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)