

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

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 90885 035 ***150.00

DOCUMENT # P98000010641

1. Entity Name

LONGVIEW PARTNERS GROUP, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10051 ORANGE DRIVE

Suite, Apt. #, etc.

3. Mailing Address

10051 ORANGE DRIVE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

DAVIE, FLORIDA

City & State

DAVIE, FLORIDA

4. FEI Number

65-0809784

Applied For

Not Applicable

Zip

33328

Country

USA

Zip

33328

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name **ROGER KATEN**

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

10051 ORANGE DRIVE

City **DAVIE, FLORIDA**

FL

Zip Code

33328

**DO NOT WRITE
IN THIS SPACE**

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 this if applicable.

(NOTE: Registered Agent signature required when renewing)

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 \$81.25

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 **PRESIDENT / TREASURER / DIRECTOR**
NAME **ROGER KATEN**
STREET ADDRESS **10051 ORANGE DRIVE**
CITY-ST-ZIP **DAVIE, FL. 33328**

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**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 signature, and is empowered.

SIGNATURE:

Roger Katen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/02

Date

954-452-9099

Daytime Phone