

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90010 018 ***150.00

DOCUMENT # P98000014301

1. Entity Name

MRS. KATZ AND SOMETIMES MRS. NUSSBAUM, INC.

Principal Place of Business

Mailing Address

5251 SOUTH ORANGE BLOSSOM TRAIL- SUITE 6
ORLANDO FL 32387-9319

9251 SOUTH ORANGE BLOSSOM TRAIL- SUITE 6
ORLANDO FL 32837-8328

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-2953459

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

FLORIDA INCORPORATORS, INC.
1221 BRICKELL AVE., STE. 900
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

Alan Roufa

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

9762 CAMBERLEY CIR

City

Orlando

FL

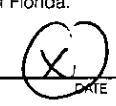
Zip Code

32836

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 4/10/00

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

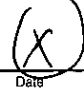
TITLE	D	<input type="checkbox"/> Delete
NAME	ROUFA, ALAN D	
STREET ADDRESS	256 OLD DELP RD.	
CITY-ST-ZIP	LANCASTER PA 17601	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROUFA, MARY K	
STREET ADDRESS	256 OLD DELP RD.	
CITY-ST-ZIP	LANCASTER PA 17601	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROUFA, ALAN D	
STREET ADDRESS	9762 CAMBERLEY CIR	
CITY-ST-ZIP	ORLANDO FL 32836	
TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROUFA, MARY K	
STREET ADDRESS	9762 CAMBERLEY CIR	
CITY-ST-ZIP	ORLANDO FL 32836	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 4/10/00

 DAYTIME PHONE # 407-826-0155

CR2E034 (9/99)