

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2000 8:00 am
Secretary of State
 04-17-2000 90023 025 ***150.00

DOCUMENT # P98000030479

1. Entity Name
197 INC.

| | |
|---|--|
| Principal Place of Business 951 N.E. 167TH STREET NORTH MIAMI BEACH FL 33162 | Mailing Address 951 N.E. 167TH STREET NORTH MIAMI BEACH FL 33162-3711 |
|---|--|

834926



DO NOT WRITE IN THIS SPACE

| | | | | | | |
|--------------------------------|---------|---------------------|---------|---|--|----------------|
| 2. Principal Place of Business | | 3. Mailing Address | | 4. FEI Number 65-0829709 | | Applied For |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | Not Applicable |
| City & State | | City & State | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | |
| Zip | Country | Zip | Country | | | |

| | | | | | | | |
|---|--|--|--|--|--|--|--|
| 6. Name and Address of Current Registered Agent KATZ, MARVIN E 951 N.E. 167TH STREET NORTH MIAMI BEACH FL 33162 | | | | 7. Name and Address of New Registered Agent | | | |
| | | | | 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 _____ (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) <input type="checkbox"/> | 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. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|--|

| | | | | | | | |
|----------------------------|----------------------------|---------------------------------|--|---|--|---------------------------------|-----------------------------------|
| 11. OFFICERS AND DIRECTORS | | | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | |
| TITLE | DP | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | KATZ, MARVIN E | | | NAME | | | |
| STREET ADDRESS | 951 N.E. 167TH STREET | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | NORTH MIAMI BEACH FL 33162 | | | CITY-ST-ZIP | | | |
| TITLE | DT | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | KATZ, AARON S | | | NAME | | | |
| STREET ADDRESS | 3600 COLLINS AVE | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | MIAMI BEACH FL 33140 | | | CITY-ST-ZIP | | | |
| TITLE | DVP | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | BEN-EZRA, MARC A | | | NAME | | | |
| STREET ADDRESS | 951 N.E. 167TH STREET | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | NORTH MIAMI BEACH FL 33162 | | | CITY-ST-ZIP | | | |
| TITLE | DS | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | PARITZKY, MICHAEL | | | NAME | | | |
| STREET ADDRESS | 955 N.E. 173RD STREET | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | NORTH MIAMI BEACH FL 33162 | | | CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 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]* **RECEIVED** *X 4/16/00* *X 305 72-4100*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)