

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000046161

1. Entity Name

POGONAT UNLIMITED CORP.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 91409 024 ***150.00

Principal Place of Business

~~4010 SOUTHEAST 70TH TERRACE~~
~~DAVIE FL 33314~~

#110

Mailing Address

~~4010 SOUTHEAST 70TH TERRACE~~
~~DAVIE FL 33314-3162~~

2. Principal Place of Business

4431 DAVIE Road, #110

Suite, Apt. #, etc.

110

City & State

DAVIE, FLORIDA

Zip

33314

Country

BROWARD

3. Mailing Address

4431 DAVIE Road

Suite, Apt. #, etc.

110

City & State

DAVIE, FLORIDA

Zip

33314

Country

BROWARD



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0837977

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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

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 PD
NAME POGONAT, ALEXANDER
STREET ADDRESS 4010 SOUTHEAST 70TH TERRACE
CITY-ST-ZIP DAVIE FL 33314 ☐ Delete

TITLE VST
NAME POGONAT, JOANNA
STREET ADDRESS 4010 SOUTHEAST 70TH TERRACE
CITY-ST-ZIP DAVIE FL 33314 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE SECRETARY
NAME ORESTES CARBONELL
STREET ADDRESS 110 S.W. 169TH AVE
CITY-ST-ZIP Pembroke Pines, FL 33027 ☐ Change ☒ Addition

TITLE Vice President
NAME Victor Texidor
STREET ADDRESS 1834 N.W. 185 TERR
CITY-ST-ZIP Pembroke Pines, FL 33029 ☐ Change ☒ Addition

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

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

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

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

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: *Alexander Pogonat* ALEXANDER POGONAT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (PRES)

05-01-00
Date (904) 587-1231

CR2E034 (9/99)