

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

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

05-21-2002 91235 039 ***150.00

DOCUMENT # 198000065214
1. Entity Name
SN KATZ ENTERPRISES INC ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6767 PORTSIDE DR
3. Mailing Address
300 VIRGINIA ST
Suite, Apt. #, etc.

666411

DO NOT WRITE IN THIS SPACE

City & State
BOCA RATON FL
City & State
CLERMONT FL
Zip
33496
Country
Zip
34711
Country

4. FEI Number
59-3524293
Applied For
Not Applicable

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
DAVID GARRICK JR
Street Address (P.O. Box Number is Not Acceptable)
300 VIRGINIA ST
City
CLERMONT FL
Zip Code
34711

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 David Genuly DATE 4/30/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
January 1st - May 1st Fees \$150.00
After May 1st Fees \$550.00
Amended UBRs \$8.75
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	STEVEN H KATZ 6767 PORTSIDE DRIVE BOCA RATON, FL 33496
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NICOLE A KATZ 6767 PORTSIDE DRIVE BOCA RATON, FL 33496
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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: [Signature] DATE 4/30/02 DAYTIME PHONE # 352 243-0440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)