

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 27, 2001 8:00 am
Secretary of State

01-27-2001 90068 025 ***150.00

DOCUMENT # P98000089886

1. Entity Name

KOSHER KATS INC.

Principal Place of Business

1231 FLORIDA AVE
ROCKLEDGE FL 32955

Mailing Address

134 KRISTI DRIVE
INDIAN HARBOR BEACH FL 32937

2. Principal Place of Business

1255 BELLE AVE
Suite, Apt. #, etc.
STE 116

3. Mailing Address

1255 BELLE AVE
Suite, Apt. #, etc.
STE 116

City & State

WINTER SPRINGS

City & State

WINTER SPAS

4. FEI Number

59-3542544

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

UNGAR, JODY L
134 KRISTI DRIVE
INDIAN HARBOR BEACH FL 32937

7. Name and Address of New Registered Agent

Name: Jody L. Ungar
Street Address (P.O. Box Number is Not Acceptable): 940 Douglas Ave. #171
City: Altamonte Springs FL Zip Code: 32714

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

Jody L. Ungar

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-16-2001

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, 2001 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 NAME STREET ADDRESS CITY - ST - ZIP	P UNGAR, JODY L 134 KRISTI DRIVE INDIAN HARBOR BEACH FL 32937	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P UNGAR, Jody L 940 Douglas Ave #171 Altamonte Springs, FL 32714	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jody L. Ungar

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-2001 407-696-8813

Date

Daytime Phone #

CR2E034 (10/00)