

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000002646

1. Entity Name  
**CHEETERS, INC.**

**FILED**  
**May 26, 2000 8:00 am**  
**Secretary of State**

05-26-2000 90093 015 \*\*\*150.00

Principal Place of Business

2273 S.W. 132ND WAY  
DAVIE FL 33325

Mailing Address

2273 S.W. 132ND WAY  
DAVIE FL 33325-5127

2. Principal Place of Business

1476 CORAL RIDGE DR  
Suite, Apt. #, etc.

3. Mailing Address

1476 CORAL RIDGE DR  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State: CORAL SPRINGS FL  
4. FEI Number: 65-0900772  
Applied For: Not Applicable

Zip: 33071 Country: BROWARD  
5. Certificate of Status Desired: ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
SASLAW, GARY R  
20801 BISCAYNE BLVD, S-304  
AVENTURA FL 33180  
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)  
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZIGARAC, KEVIN		NAME		
STREET ADDRESS	2273 S.W. 132ND WAY		STREET ADDRESS		
CITY-ST-ZIP	DAVIE FL 33325		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		
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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: Kevin Zigarac 954-430-00 476-7962  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)