2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000017114

1. Entity Name

KATKMIL INC

FILED Jan 29, 2000 8:00 am Secretary of State

NATRIVIC	J, 114O.			01-29-2000 90002	2 042 ***150.00
Principal Place of Business		Mailing Address			
6194 NORTH FEDERAL HIGHWAY BOCA RATON FL 33487		6194 NORTH FEDERAL HIGHWAY BOCA RATON FL 33487-3939			
			•	C REGINERAL SAR TRACE CRASH RESIDENCE RESIDEN	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE	E IN THIS SPACE
City & State		City & State		4. FEI Number — 08.9.75.45 Applied For	
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	6. Name and Address of Current	Registered Agent	·	7. Name and Address of New Re	
001			Name		
6194	EMAN, ANTHONY G JR. NORTH FEDERAL HIGHWAY		Street Address	(P.O. Box Number is Not Acceptable)	
800	A RATON FL 33487		City		⊏
					
8. The above	named entity submits this statement for	or the purpose of changing its	registered office or regist	tered agent, or both, in the State of Flori	ida:
SIGNATURE .	more	(h) /		- B	1/10/00
SIGNATURE .	Signature, typed or printed name of registered agent	and little if applicable TNO	E: Registered Ag Int signature requi	read when reinstating)	DAYE
Tax filing r	oration is eligible to satisfy its Intangible equirement and elects to do so. ria on back)	After MAY 1, 20	PEE IS \$150.00 000 Fee will be \$550.00 ble to Department of S		_
11.	OFFICERS AND		12.	ADDITIONS/CHANGES TO OFFICE	CERS AND DIRECTORS IN 11
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS	MURPHY, KAREN	· ·	NAME		
CITY-ST-ZIP	6194 North Federal Highw <i>i</i> Boca Raton Fl 33487	VI.	STREET ADDRESS CITY-ST-ZIP		
TITLE		□ Delete	TITLE		Change Addition
NAME			NAME		· ·
STREET ADDRESS CITY-ST-ZIP	المستواة والمستوادين		STREET ADDRESS CITY-ST-ZIP	-	
TITLE		□ Delete	TITLE		☐ Change ☐ Addition
NAME		Delete	NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP	 		CITY-ST-ZIP		
TITLE NAME		☐ Delete	TITLE NAME		☐ Change ☐ Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	 	CITY-ST-ZIP		
TITLE	•	☐ Delete	TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS			NAME STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
13. I hereby c	ertify that the information supplied with	this filing does not qualify fo	r the exemption stated in S	Section 119.07(3)(i), Florida Statutes. I fi	urther certify that the information
of the corp	on this report or supplemental report is paration or the receiver or trustee empo	itrue and accurate and that r owered to execute this report	ny signature shall have the as required by Chapter 60	e same legal effect as if made under oa 07, Florida Statutes; and that my name a	ith: that I am an officer or director
cnanged,	or on an attachment with an address, v	with all other like empowered.	11.1	10011 11	305-
SIGNAT	UREXXaren	1/Int	My Karen	Munghy 4/9/2000	1731-3140
	SIGNATURE AND TYPED OR P	RINTED NAME OF SIGNING OFFICER	OR DIRECTOR	Date	Daytime Phone #