

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90361 011 ***150.00

DOCUMENT # P99000052581

1. Entity Name
MIKAT ENTERPRISES INC.

Principal Place of Business

**1931A MANATEE AVE. W.
 BRADENTON FL 34205**

Mailing Address

**1931A MANATEE AVE. W.
 BRADENTON FL 34205**

C0068141



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9735 B Fulton Ave.

Suite, Apt. #, etc.

3. Mailing Address

9735 B Fulton Ave.

Suite, Apt. #, etc.

City & State

Hudson, FL

City & State

Hudson, FL

4. FEI Number **59-3586210**

Applied For

Not Applicable

Zip

Country

34667-4368

USA

Zip

Country

34667-4368

USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DHONAU, KATHLEEN B
 2919 51ST E.
 BRADENTON FL 34208**

Name
Dhona, Kathleen

Street Address (P.O. Box Number is Not Acceptable)

9735 B Fulton Ave.

City
Hudson

FL

Zip Code
34667

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
 NAME **DHONAU, KATHLEEN**
 STREET ADDRESS **2919 51ST E**
 CITY-ST-ZIP **BRADENTON FL 34208**

TITLE **P** ☒ Change ☐ Addition
 NAME **Dhona, Kathleen**
 STREET ADDRESS **9735 B Fulton Ave.**
 CITY-ST-ZIP **Hudson, FL 34667-4368**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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 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:

Kathleen B. Dhona

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01

Date

727-819-8504

Daytime Phone #

CR2E034 (10/00)