2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P99000080108 Jul 13, 2000 8:00 am 1. Entity Name **Secrétary of State** FEDERATED INVESTIGATIONS, INC. 07-13-2000 90020 012 ***150.00 Principal Place of Business Mailing Address 3630 NORTH WEST 85 WAY, STE. 102 3630 NORTH WEST 85 WAY, STE. 102 SUNRISE FL 33351 SUNRISE FL 33351 3. Mailing Address 2. Principal Place of Business 3630 NW. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. #102 4102 City & State Applied For City & State 65-0950283 Not Applicable Country ountry \$8.75 Additional 5. Certificate of Status Desired rowARd Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVE. CORAL GABLES FL 33134 Zip Code City 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 FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. **PSTD** TITLE Change Addition TITLE ☐ Delete NAME NAME KATZ, STEVEN STREET ADDRESS STREET ADDRESS 3630 NORTH WEST 85 WAY, STE. 102 CITY-ST-ZIP CITY-ST-ZIP SUNRISE FL 33351 Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.





FEDERATED INVESTIGATIONS

A95-00427

To Whom It May-Concern:

On 7-6-00 I received my UBR in the mail. This is the first form I have received. I called the State and was told to send a check for \$150.00 along with this letter. I also called the registered agent to see if the received a form and was told they hadn't. I live in an apartment complex and sometimes the mail is put in the wrong box. I do not know if the State sent me a form, or the post office did not put it in the proper box. I will be obtaining a P.O. Box in the future to avoid this problem.

Thankyou,

Steven Katz