

2001 UNIFORM BUSINESS REPORT (UBR)

Attachment

FILED

01 MAY 24 AM 10:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L00000007526**

1. Entity Name
KATALYX CATALOGUING LLC.

Principal Place of Business
**1221 BRICKELL AV.
MIAMI, FL, 33131**

Mailing Address
**1221 BRICKELL AVENUE, SUITE 1200
MIAMI, FL. 33131
C/O PATRICIA MENENDEZ CAMBO**

2. Principal Place of Business
1221 Brickell Avenue

3. Mailing Address
1221 Brickell Avenue c/o Patricia Menéndez

Suite, Apt. #, etc.
Suite 1200

DO NOT WRITE IN THIS SPACE

City & State
Miami, FLA

City & State
Miami, FLA

4. FEI Number
52-2260666

Applied For
 Not Applicable

33131 Country USA 33131 Country USA

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**CORP DIRECT AGENTS
N. MERIDIAN ST., LOWER LEVEL
TALLAHASSEE, FL. 32301**

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 _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

300004429813--8
-06/19/01--01067--001
*****1000.00 *****50.00**

9. MANAGING MEMBERS/MEMBERS

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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: **PATRICIA MENENDEZ CAMBO** *P. M. Cambo* 4/30/01 305-925-5417

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (1/100)

\$50.00

FEI #52-226066

Title: V S

Name: Silvia M. Garrigo

Street address: 1221 Brickell Avenue

City-St-ZIP: Miami, Fl., 33131

P. M. Canab