

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 27, 2003 8:00 am**  
**Secretary of State**

03-27-2003 90012 027 \*\*\*\*50.00

0023405

**DOCUMENT # L02000012722**

1. Entity Name

**KATIA, L.L.C.**



Principal Place of Business

**520 S.E. 5TH AVENUE, SUITE 3608  
FORT LAUDERDALE FL 33301**

Mailing Address

**520 S.E. 5TH AVENUE, SUITE 3608  
FORT LAUDERDALE FL 33301**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**01-0733576**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$5.00 Additional  
Fee Required**

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**BEHAR, LARRY J P.A.  
888 SOUTHEAST THIRD AVENUE, SUITE 400  
FORT LAUDERDALE FL 33316**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**03/25/2003**

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  Delete  
NAME **Managing-Member**  
STREET ADDRESS **Wilson Mocellin**  
CITY-ST-ZIP **520 S.E.5th Ave, # 3808  
Fort Lauderdale, FL 33301**

TITLE  Change  Addition  
NAME **Managing-Member**  
STREET ADDRESS **Wilson Mocellin**  
CITY-ST-ZIP **520 S.E. 5th A-e, #:3808  
Fort Lauderdale, FL 33301**

TITLE  Delete  
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CITY-ST-ZIP

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Wilson Mocellin* **WILSON MOCELLIN** **03/25/2003** (954) 524-8888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)