

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2002 8:00 am
Secretary of State

02-12-2002 90091 020 ****50.00

DOCUMENT # L92000000011

1. Entity Name

CATOA, L.C.

Principal Place of Business

**9421 E. BROADVIEW DRIVE
 BAY HARBOR FL 33154**

Mailing Address

**9421 E. BROADVIEW DRIVE
 BAY HARBOR FL 33154**

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

65-0388070

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RUTH SHREM BENOLIEL
 9421 E. BROADVIEW DRIVE
 BAY HARBOR FL 33154**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

| | | |
|----------------|--|---------------------------------|
| TITLE | MGR | <input type="checkbox"/> Delete |
| NAME | BENOLIEL SWITKIN, RUTH | |
| STREET ADDRESS | 3625 N COUNTRY CLUB DRIVE #2101 | |
| CITY-ST-ZIP | N MIAMI BEACH FL 33180 | |
| TITLE | MGR | <input type="checkbox"/> Delete |
| NAME | SHREM, OVADIA | |
| STREET ADDRESS | 8777 COLLINS AVENUE #512 | |
| CITY-ST-ZIP | MIAMI BEACH FL 33154 | |
| TITLE | MGR | <input type="checkbox"/> Delete |
| NAME | SHREM, CATALINA | |
| STREET ADDRESS | 8777 COLLINS AVENUE #512 | |
| CITY-ST-ZIP | MIAMI BEACH FL 33154 | |
| TITLE | MGR | <input type="checkbox"/> Delete |
| NAME | SHREM, RONIT | |
| STREET ADDRESS | 8777 COLLINS AVENUE #512 | |
| CITY-ST-ZIP | MIAMI BEACH FL 33154 | |
| TITLE | MGR | <input type="checkbox"/> Delete |
| NAME | SHREM, MARCO | |
| STREET ADDRESS | 8777 COLLINS AVENUE #512 | |
| CITY-ST-ZIP | MIAMI BEACH FL 33154 | |
| TITLE | MGR | <input type="checkbox"/> Delete |
| NAME | SHREM, MORIS | |
| STREET ADDRESS | 8777 COLLINS AVENUE #512 | |
| CITY-ST-ZIP | MIAMI BEACH FL 33154 | |

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

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: **SIGNATURE REQUIRED**

4/4/02 305-819-9500

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

Date

Daytime Phone #

CR2E083 (9/01)