

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

FILED
Feb 05, 2003 8:00 am
Secretary of State

02-05-2003 90029 002 ****50.00

DOCUMENT # L92000000011

1. Entity Name
CATOVA, 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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **65-0388070**

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

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

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)

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **BENOLIEL SWITKIN, RUTH**
STREET ADDRESS **3825 N COUNTRY CLUB DRIVE #2101**
CITY-ST-ZIP **N MIAMI BEACH FL 33180**

TITLE **MGR** ☐ Delete
NAME **SHREM, OVADIA**
STREET ADDRESS **8777 COLLINS AVENUE #512**
CITY-ST-ZIP **MIAMI BEACH FL 33154**

TITLE **MGR** ☐ Delete
NAME **SHREM, CATALINA**
STREET ADDRESS **8777 COLLINS AVENUE #512**
CITY-ST-ZIP **MIAMI BEACH FL 33154**

TITLE **MGR** ☐ Delete
NAME **SHREM, RONIT**
STREET ADDRESS **8777 COLLINS AVENUE #512**
CITY-ST-ZIP **MIAMI BEACH FL 33154**

TITLE **MGR** ☒ Delete
NAME **SHREM, MARCO**
STREET ADDRESS **8777 COLLINS AVENUE #512**
CITY-ST-ZIP **MIAMI BEACH FL 33154**

TITLE **MGR** ☒ Delete
NAME **SHREM, MORIS**
STREET ADDRESS **8777 COLLINS AVENUE #512**
CITY-ST-ZIP **MIAMI BEACH FL 33154**

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)