## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## M21859 **DOCUMENT #**

1. Entity Name

KATAMARAN CORPORATION



## **FILED** Jan 15, 2003 8:00 am Secretary of State 01-15-2003 90295 046 \*\*\*150.00

DEMARES, MARIA MARGARITA STREET ADDRESS CITY-ST-ZIP TITLE NAME HERRERA, GUADALUPE S. STREET ADDRESS 2171 NW 24TH CT MAMIFL 33142  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS				100 fr. 100	
Suite, Apt #, etc.    City & State	2171 N.W 24TH CT		P.O. BOX 16-1920		<b>65006804</b>
Suite, Apt #, etc.    City & State			•	,	T RADIOTIK NO SIGOT KARO KURA RAKA KAKA KAKA DIBU DIDU BIDU BIDU BIDU BIDU BIDU BIDU
City & State  Country  S. Certificate of Status Desired   \$8.75 Additional Feedpated Septiment of State Desired   \$8.75 Additional Feedpated Septiment of Septiment Septimen	2. Principal Place of Business		3. Mailing Address		T A DETACTION OF THE CONTROL CONTROL DATE OF THE CONTROL OF THE CO
Zip Country 5-9-2591175   Applied For Next Application   Section	Suite, Apt. #, etc.		Suite, Apt. #, etc.	·	☐ CHECK HERE IF MAKING CHANGES
Country   Z-p   Country   Z-p   Country   S. Certificate of Status Desired   \$8.75 Additional Fee Reputation   \$8.75 Additional   \$8.75 Additional Fee Reputation   \$8.75 Addi	City & State		City & State		59-2501175
Compared to the part of the	Zip	Country	Zip	Country	5. Certificate of Status Desired 38.75 Additional
HERRERA, GUADALUPE S. 11817 S.W. 103 LANE MIAMI FL 33186    City   FL   ZD Code	<del></del>	6. Name and Address of Curren	t Registered Agent		Fee Required
HERRERA, GUADALUPE S. 11817 S.W. 103 LANE MIAMI FL 33186  City FL Zip Code  City FL			The state of the s	Name	7. Name and Address of New Hegistered Agent
1817 S.W. 103 LANE   MIAMI FL 33186   Street Address (P.O. Box Number is Not Acceptable)   Street Address (P.O. Box Number is Not Accept	HERRERA, GUADALUPE S.				
MIAMI FL 33186  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 are of registered agent and still a general production of registered agent are of registered agent and still a general production of registered agent and still a general production of registered agent and still a general production of registered agent are of registered agent and still a general production of registered agent or production of registered agent and still a general production of registered agent or both, in the State of Florida. I am familiar with, and accept the control production of registered agent, or both, in the State of Florida. I am familiar with, and accept the color of registered agent, or both, in the State of Florida. I am familiar with, and accept the color of registered agent, or both, in the State of Florida. I am familiar with, and accept the color of registered agent, or both, in the State of Florida. I am familiar with, and accept the color of registered agent, or both, in the State of Florida. I am familiar with, and accept the color of registered agent, or both, in the State of Florida. I am familiar with, and accept the color of registered agent, or both, in the State of Florida. I am familiar with, and accept the color of registered agent, or both, in the State of Florida. I am familiar with, and accept the color of registered agent, or both, in the State of Florida. I am familiar with, and accept the color of registered agent, or both, in the State of Florida. I am familiar with, and accept the color of registered agent, or both, in the State of Florida. I am familiar with, and accept the color of registered agent, or both, in the State of Florida. I am familiar with, and accept the production of the color of the producti				Street Addre	ess (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    The NOW!!! FEE IS \$150.00 After May 1, 203 Fee will be \$550.00 Make Check Payable to Florida Department of State  10.	_				
The above named entity submils 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.    Communication	1111/3898 1 L				
B. 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 injured operate name of impliance agent and title of application.   (NOTE Registered Agent signature majorate agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the policy of registered agent, or both, in the State of Florida. I am familiar with, and accept the policy of registered agent, or both, in the State of Florida. I am familiar with, and accept the policy of registered agent, or both, in the State of Florida. I am familiar with, and accept the policy of registered agent, or both, in the State of Florida. In the State of Flo				City	Zip Code
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, , , ,	12. I hereby co	ertify that the information supplied with	this filing does not qualify for		Section 110 07(2)(i) Florida Claudea 15 //

12 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 changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

(305) 634-6696