

2000 UNIFORM BUSINESS REPORT (UBR)

4/

FILED
May 24, 2000 8:00 am
Secretary of State

04-22-2000 90132 035 ****61.25

DOCUMENT # N99000000419

1. Entity Name

C.A.T.S., INC.

Principal Place of Business

**3930 N.W. 64TH AVENUE
 VIRGINIA GARDENS FL 33166**

Mailing Address

**P.O. BOX 661160
 MIAMI SPRINGS FL 33266-1160**

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

65-0873756
APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**SINGER, DAVID H
 PARKSIDE PLAZA
 13320 SW 128TH STREET
 MIAMI FL 33186**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	DODGEN, CAROL	
STREET ADDRESS	6400 N.W. 41ST STREET	
CITY-ST-ZIP	VIRGINIA GARDENS FL 33166	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	SILVER, LANEY	
STREET ADDRESS	85 LENAPE AILEY	
CITY-ST-ZIP	MIAMI SPRINGS FL 33166	
TITLE	S	<input type="checkbox"/> Delete
NAME	SOLLANEK, ALICE	
STREET ADDRESS	441 SOUTH DRIVE	
CITY-ST-ZIP	MIAMI SPRINGS FL 33166	
TITLE	T	<input type="checkbox"/> Delete
NAME	DE LA TORRIENTE, ANNE	
STREET ADDRESS	3930 NW 64TH AVE	
CITY-ST-ZIP	MIAMI SPRINGS FL 33166	
TITLE	D	<input type="checkbox"/> Delete
NAME	NEUGENT, ELLEN	
STREET ADDRESS	267 CORYDON DR	
CITY-ST-ZIP	MIAMI SPRINGS FL 33166	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

12. 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 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 of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Anna Maria De la Torre*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/00
 Date

Daytime Phone #

CR2E037 19/99