

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P000000069560

1. Entity Name

KATALYX INC.

FILED
SECRETARY OF STATE
CORPORATIONS
01 MAY 24 AM 9:22

Principal Place of Business
1221 Brickell Avenue
Miami, FL 33131

Mailing Address
1221 Brickell Avenue, Miami, FL, 33131
c/o Patricia Menéndez Cambo

2. Principal Place of Business
1221 Brickell Avenue
Suite, Apt. #, etc.
Suite 1200
City & State
Miami, FLA
Zip
33131
Country
USA

3. Mailing Address
1221 Brickell Avenue c/o Patricia Menéndez
Suite, Apt. #, etc.
Suite 1200
City & State
Miami, FLA
Zip
33131
Country
USA

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-2226382
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CORP DIRECT AGENTS
N. MERIDIAN ST., LOWER LEVEL
TALLAHASSEE, FL., 32301

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
700004429817--5
-06/19/01
***1000.00 ***150.00

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

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA MENENDEZ CAMBO *PM Cambo* 4/30/01 305-9255417
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)