

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000070665

1. Entity Name

CATALINA MERCHANDISING, INC.

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90070 039 ***158.75

Principal Place of Business

Mailing Address

G/O THOMAS M. BLUTH
 18191 NORTH WEST 68TH AVENUE
 MIAMI FL 33015

G/O THOMAS M. BLUTH
 18191 NORTH WEST 68TH AVENUE
 MIAMI FL 33015-3926

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0690721

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BLUTH, THOMAS M
 18191 NORTH WEST 68TH AVENUE
 MIAMI FL 33015

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

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PCD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Additio
NAME	HERSH, ROBERT	NAME	
STREET ADDRESS	18191 N.W. 68TH AVENUE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33015	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Additio
NAME	RAPPAPORT, DEAN S	NAME	
STREET ADDRESS	18191 NW 68TH AVE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33015	CITY-ST-ZIP	
TITLE	VST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Additio
NAME	BLUTH, THOMAS M	NAME	
STREET ADDRESS	18191 NW 68TH AVE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33015	CITY-ST-ZIP	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Thomas M. Bluth 1-12-00 305-558-4777
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #