2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # K99336** Feb 03, 2000 8:00 am 1. Entity Name **Secretary of State** CATALINA INDUSTRIES, INC. 02-03-2000 90012 022 ***158.75 Principal Place of Business Mailing Address 18191 N.W. 68TH AVE. 18191 N.W. 68TH AVE. MIAMI FL 33015-3926 MIAMI EL 33015 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0144785 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name AILSTOCK, JANET P. E Street Address (f 18191 N.W. 68TH AVE MIAMI FL 33015 32617 8. The above named entity submits this statement for the purpose of charliging its registered office or registered agent, or both, in the State of Florida. SIGNATURE-DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. VD Change ☐ Addition ☐ Delete TITLE RAPPAPORT, DEAN S. NAME NAME STREET ADDRESS STREET ADDRESS 18191 N.W. 68TH AVE. CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Delete TITLE Change ☐ Addition TITLE NAME HERSH, ROBERT NAME STREET ADDRESS STREET ADDRESS 18191 N.W. 68TH AVE. CITY-ST-ZIP CITY-ST-ZIP MIAMLEL. ☐ Change ☐ Addition TITLE ☐ Defete TITLE NAME KATZ, NATHAN NAME STREET ADDRESS STREET ADDRESS 18191 N.W. 68TH AVE. CITY-ST-ZIP CITY-ST-7IP **MIAMI FL 33015** ☐ Addition Change TITLE ☐ Delete NAME BLUTH, THOMAS M NAME STREET ADDRESS STREET ADDRESS 18191 N.W. 68TH AVENUE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. If 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: BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date