FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Feb 20, 2001 8:00 am **DOCUMENT # P25513 Secretary of State** 1. Entity Name CATHAY HOLDINGS, INC. 02-20-2001 90065 041 ***150.00 Principal Place of Business Mailing Address 9 BARRACUDA LANE 9 BARRACUDA LANE 719134 KEY LARGO FL 33037 KEY LARGO FL 33037 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0094647 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 City Zip Code FL 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) 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, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Delete ☐ Change Addition CR2E034 (10/00) TITLE TITLE NAME HILMER, WAYNE J. NAME STREET ADDRESS STREET ADDRESS 9 BARRACUDA LANE CITY-ST-ZIP CITY-ST-ZIP KEY LARGO FL ☐ Delete Change ☐ Addition TITLE TITLE BRYAN, SUSAN G. NAME NAME STREET ADDRESS STREET ADDRESS 9 BARRACUDA LANE CITY-ST-ZIP CITY-ST-ZIP KEY LARGO FL Delete_ ☐ Change ☐ Addition TITLE TITLE BRYAN, SUSAN G. NAME NAME STREET ADDRESS STREET ADDRESS 9 BARRACUDA LANE CITY-ST-ZIP CITY-ST-ZIP KEY LARGO FL reas. TITLE ☐ Delete TITLE Addition NAME ada Le c STREET ADDRESS STREET ADDRESS arracuda CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS 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 attachmen with an address, with all other like empowered.

SIGNATURE: Da-la M. Lec 2-14-01 305-813-593
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Date Opytime Proce #