

2002 UNIFORM BUSINESS REPORT (UBR)

10F2

0060152 AV

DOCUMENT # 422481

1. Entity Name
CATHEL ASSOCIATES, INC.

FILED

02 OCT -7 AM 8:05

SECRETARY OF STATE
TALLAHASSEE, FL 32399

Principal Place of Business
301 174 STREET
SUITE 1818
N. MIAMI BEACH FL 33160

Mailing Address
301 174 STREET
SUITE 1818
N. MIAMI BEACH FL 33160



2. Principal Place of Business
as above no change

3. Mailing Address
as above no change

DO NOT WRITE IN THIS SPACE

City & State
Zip Country

4. FEI Number 59-1510525
Applied For
Not Applicable

6. Name and Address of Current Registered Agent
ADLER, HAROLD
301 174TH STREET
#1818
MIAMI BCH FL 33160

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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	ST ADLER, ELAYNE 301 174TH ST, #1818 N MIAMI BCH, FL 00000	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ADLER, HAROLD 301 174TH ST, #1818 N MIAMI BCH, FL 00000	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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	200008419042 10/17/02--01015--007 **150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: SIGNATURE *Harold Adler Pres.* 10-3-2002 305-935-2561
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/02)

Harold Adler

10-3-02

Confirming our conversation with
your office this date, please find
our check for \$50.00 enclosed for the
2002 Business Report.

We never received the original form
before we left for vacation & the
business report we now have somehow
got lost in the shuffle of all
the mail we found on our return
home.

We were told this morning just to
mail in the check & we appreciate
this.

Thanks for
Harold Adler