

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90258 033 ***150.00

DOCUMENT # 457889

1. Entity Name
CATALINA LIGHTING, INC.



Principal Place of Business
**18191 NW 68TH AVENUE
MIAMI FL 33015**

Mailing Address
**18191 NW 68TH AVENUE
MIAMI FL 33015**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1548266

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BESCOBY, ERIC	
STREET ADDRESS	18191 N.W. 68TH AVE.	
CITY-ST-ZIP	MIAMI FL 33015	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	SKILLEN, LYNN	
STREET ADDRESS	18191 N.W. 68TH AVE.	
CITY-ST-ZIP	MIAMI FL 33015	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CALHOUN, KEVIN J	
STREET ADDRESS	18191 N.W. 68TH AVE.	
CITY-ST-ZIP	MIAMI FL 33015	
TITLE	VD	<input type="checkbox"/> Delete
NAME	COUCH, DERYL	
STREET ADDRESS	18191 N.W. 68TH AVE.	
CITY-ST-ZIP	MIAMI FL 33015	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KALB, MICHAEL H	
STREET ADDRESS	18191 N.W. 68TH AVE.	
CITY-ST-ZIP	MIAMI FL 33015	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KROUSE, RODGER R	
STREET ADDRESS	18191 N.W. 68TH AVE.	
CITY-ST-ZIP	MIAMI FL 33015	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert Varakian	
STREET ADDRESS	18191 NW 68 AV.	
CITY-ST-ZIP	MIAMI FL 33015	
TITLE	S/Chief Financial Officer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Stephen G. Marble	
STREET ADDRESS	18191 NW 68 AV.	
CITY-ST-ZIP	MIAMI FL 33015	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/03

305-5584277

Date

Daytime Phone #

CR2E034 (10/02)