

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **478372**

1. Entity Name
CATELOP PROPERTY INVESTMENT, INC.

FILED

02 APR 19 PM 12:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 2300 CORAL WAY SUITE 200 MIAMI FL 33145	Mailing Address 2300 CORAL WAY SUITE 200 MIAMI FL 33145
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2300 Coral Way Suite, Apt. #, etc. Suite # 200	3. Mailing Address 2300 Coral Way Suite, Apt. #, etc. Suite # 200
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City & State Miami, Florida	City & State Miami, Florida
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4. FEI Number 59-2124810	Applied For <input type="checkbox"/> Not Applicable
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Zip 33145	Country US	Zip 33145	Country US
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**FLORIDA ANNUAL REPORT SERVICES, INC.
2300 CORAL WAY
SUITE 200
MIAMI FL 33145**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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 **AMADA CANTERA LOPEZ, President** **3/26/02**
Signature typed or printed name of registered agent and title, respectively. (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, 2002 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

TITLE NAME	P LOPEZ-AGUIAR, CARLOS C <input type="checkbox"/> Delete
STREET ADDRESS	2300 CORAL WAY SUITE 200
CITY-ST-ZIP	MIAMI FL 33145
TITLE NAME	S CANTERA LOPEZ, AMADA <input type="checkbox"/> Delete
STREET ADDRESS	2300 CORAL WAY SUITE 200
CITY-ST-ZIP	MIAMI FL 33145
TITLE NAME	T LOPEZ-CANTERA, AMADA <input type="checkbox"/> Delete
STREET ADDRESS	2300 CORAL WAY SUITE 200
CITY-ST-ZIP	MIAMI FL 33145
TITLE NAME	V Lopez-Cantera, Carlos C. <input type="checkbox"/> Delete
STREET ADDRESS	2300 CORAL WAY SUITE 200
CITY-ST-ZIP	MIAMI FL 33145
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	400005315314--0
CITY-ST-ZIP	-04/22/02--01120--018
TITLE NAME	***150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	

CRPENC 4/9/01

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 persons empowered.

SIGNATURE: **AMADA CANTERA LOPEZ**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/02
Date Daytime Phone #