

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 10, 2001 8:00 am**  
**Secretary of State**

07-10-2001 90128 009 \*\*\*550.00

0053652 AV

**DOCUMENT # 622205**

1. Entity Name

**BEARCAT DEVELOPMENT CORP.**

*LA*

Principal Place of Business

**11367 S.W. 85TH LANE  
 MIAMI FL 33173  
 US**

Mailing Address

**11367 S.W. 85TH LANE  
 MIAMI FL 33173  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1965900**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FAGEN, MILDRED H**

**~~1441 S DIXIE HWY SUITE 206~~  
~~STE 206~~  
 MIAMI FL 33176**

Name

Street Address (P.O. Box Number is Not Acceptable)

**11367 SW 85 LANE**

City

**MIAMI, FL**

**FL**

Zip Code

**33173**

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)

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 12, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete  
 NAME **FAGEN, MILDRED H**  
 STREET ADDRESS **~~1441 S DIXIE HWY STE 206~~**  
 CITY-ST-ZIP **~~MIAMI FL 33176~~**

TITLE ☒ Change ☐ Addition  
 NAME **11367 SW 85 LANE**  
 STREET ADDRESS **MIAMI, FL 33173**  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
 NAME  
 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 attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
**MILDRED H. FAGEN**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**7-3-01**

Daytime Phone #

**305 596-1107**

CR2E034 (5/01)