## 2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # J09697** 1. Entity Name CATTLE-CO, INC.

## Jan 19, 2000 8:00 am Secretary of State 01-19-2000 90114 021 \*\*\*150.00

13 S.W. 7TH STREET 13 S.W. 7TH STREET	Principal Place	e of Business	Mailing Address						
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite   City & State   City & City & State   City & State   City & State   City & City & State   City & Ci	13 S.W. 7TH STREET		13 S.W. 7TH STREET			la de la companya de			
Cay & State  City & State  Street, Address (P.O. Box Number is Not Acceptable)  Street, Address (P.O. Box Num	2. Principal Place of Business		3. Mailing Address						
Zip Country Zip Country Size Co	Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
SOUTH CAPTY V. 1220 NW. 7 STREET MIAMI FL 33125  8. The above named entity submits this statement for the purpose of changing its registered disco or registered agent, or both, in the State of Florids.  SIGNATURE  Signature, hadde or present and elects to do so. (See criteria to disco or registered agent, or both, in the State of Florids.  SIGNATURE  Signature, hadde or present and elects to do so. (See criteria to disco or registered agent, or both, in the State of Florids.  SIGNATURE  Signature, hadde or present and elects to do so. (See criteria to fifty) or squirement and elects to do so. (See criteria to fifty) or squ	City & State		City & State		<b>4</b> . F	59-266 T30 b			
Name	Zip	Country	Zip	Country	5. 0	Certificate of Status Desired			
SMITH, GARY V. 1230 N.W. 7 STREET MAMI FL 33125  Street Address (PC. Box Number is Not Acceptable)  City FL  Ci		6. Name and Address of Current	Registered Agent		7. N	lame and Address of New Regist	ered Agent		
1230 N.W. 7 STREET MIAMI FL 33125  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, speed or private name of neglateric agent and state / application.  9. This corporation is eligible to satisfy its intang bile Tax hing people or back of so o Make Check Payable to Department of State on back)  11.				Name					
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  9. This corporation is eligible to satisfy its Intangible Tax fling requirement and elects to do so. Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  13. W. 7 ST. MIAMI FL  14. TITLE  15. MAM FL  16. Change Addition  17. MAM FL  18. TITLE  19. TITLE  10. MAME  13. W. 7 ST. MIAMI FL  10. Change Addition  13. W. 7 ST. MIAMI FL  10. Change Addition  14. MAME  15. MAMI FL  16. Change Addition  17. Change Addition  18. MAME  18. STREET ADDRESS  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  18. MAME  18. MAMI FL  19. Change Addition  18. MAME  18. MAMI FL  19. Change Addition  18. MAME  18. MAMI FL  19. Change Addition  18. MAME  18. MAME  18. MAMI FL  19. Change Addition  18. MAME  18.	1230	N.W. 7 STREET		Street Addres	Street Address (P.O. Box Number is Not Acceptable)				
SCHATURE    Signature   Signat				City			FL Zip Cod	e	
SIGNATURE  9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (See oriteria on back)  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN IT IN IL						ant or both in the State of Electric	<del> </del>		
9. This corporate name of legislates agent and reference agent agent agent and reference agent	8. The above	named entity submits this statement for	or the purpose of changing its	registered office or regis	stered age	ent, or both, in the State of Florida.			
9. This corporation is elligible to satisfy its intangible Tax filling requirement and elects to do so. (See criteria on back)  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11 TILE  NAME STREET ADDRESS CITY-ST-ZIP  TILE NAME STRE	SIGNATURE .								
Tax filling requirement and elects to do so (See criteria on back)   Atter MAY 1, 2000 Fee will be \$550.00   Trust Fund Contribution.   Addition   Additio		Signature, typed or printed name of registered agen	t and title if applicable (NOT	E. Registered Agent signature requ	aired when re	instating)	DATE		
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		certify that the information supplied wi	th this filing does not qualify fo	or the exemption stated in	Section	119.07(3)(i), Florida Statutes. I furth	ner certify that the i	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:**