

# 2001 UNIFORM BUSINESS REPORT (UBR)

0000207 AF

**DOCUMENT #** L00000003496

**1. Entity Name**  
C.A.T. LLC

FILED  
FILED  
01 MAY 24 PM 12:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**Principal Place of Business**  
701 BRICKELL AVE.  
SUITE 3000  
MIAMI FL 33131

**Mailing Address**  
701 BRICKELL AVE.  
SUITE 3000  
MIAMI FL 33131

**2. Principal Place of Business**  
41219 Fisher Island Dr  
Suite, Apt. #, etc.:

**3. Mailing Address**  
1010 Northern Blvd  
Suite, Apt. #, etc.:

DO NOT WRITE IN THIS SPACE

**City & State**  
Fisher Island, FL

**City & State**  
Great Neck, N.Y.

**Zip**  
33109

**Country**  
USA

**Zip**  
11021

**Country**  
USA

**4. FEI Number**  
59-0994757

**Applied For**  
☐ Not Applicable

**5. Certificate of Status Desired** ☐ **\$5.00 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
INTERSTATE REGISTERED AGENT CORPORATION  
701 BRICKELL AVE.  
SUITE 3000  
MIAMI FL 33131

**7. Name and Address of New Registered Agent**  
**Name**  
Todd Pines  
**Street Address (P.O. Box Number is Not Acceptable)**  
41219 Fisher Island Dr.  
**City**  
Fisher Island FL **Zip Code**  
33109

**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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ **DATE** \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

**9. MANAGING MEMBERS/MEMBERS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

**10. ADDITIONS/CHANGES**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
President & Treasurer	Todd Pines	41219 Fisher Island	Fisher Island, FL 33109		
Secretary	Craig Pines	570 Aspen Rd	Birmingham MI 48009		
Vice President	Allison Wolf	15 Georgian Court	East Hills, N.Y. 11576		

**11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.**

**SIGNATURE:** \_\_\_\_\_ **5/16/01**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE** \_\_\_\_\_ **Date** \_\_\_\_\_ **Daytime Phone #** \_\_\_\_\_

CR2E083 (11/00)