

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L00000007528**

1. Entity Name

**KATALYX CONSTRUCTION LLC.**

FILED

01 MAY 24 AM 10:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

**1221 BRICKELL AV.  
MIAMI, FL, 33131**

Mailing Address

**1221 BRICKELL AVENUE SUITE 1200  
MIAMI, FL., 33131  
C/O PATRICIA MENENDEZ CAMBO**

2. Principal Place of Business

**1221 Brickell Avenue**

3. Mailing Address

**1221 Brickell Avenue c/o Patricia Menéndez**

Suite, Apt. #, etc.

**Suite 1200**

Suite, Apt. #, etc.

**Suite 1200**

DO NOT WRITE IN THIS SPACE

City & State

**Miami, FLA**

City & State

**Miami, FLA**

4. FEI Number

**52-2260653**

Applied For

☐ Not Applicable

**33131**

**USA**

**33131**

**USA**

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**CORP DIRECT AGENTS  
103 N. MERIDIAN STREET, LOWER LEVEL  
TALLAHASSEE, FL 32301**

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.

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 \$50.00**

**Make Check Payable to Department of State**

**700004429807--6**

**-06/19/01--01067--001**

**\*\*\*1000.00 \*\*\*\*\*50.00**

9. MANAGING MEMBERS / MEMBERS

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE ☐ Change ☒ Addition  
NAME **MGR** **RAFAEL HERNANDEZ**  
STREET ADDRESS **1221 BRICKELL AVENUE**  
CITY-ST-ZIP **MIAMI, FL., 33131**

TITLE ☐ Change ☒ Addition  
NAME **MGR** **GERONIMO GERARD**  
STREET ADDRESS **1221 BRICKELL AVENUE**  
CITY-ST-ZIP **MIAMI, FL., 33131**

TITLE ☐ Change ☒ Addition  
NAME **V.S.** **SILVIA M. GARRIGO**  
STREET ADDRESS **1221 BRICKELL AVENUE**  
CITY-ST-ZIP **MIAMI, FL., 33131**

TITLE ☐ Change ☒ Addition  
NAME **MGR** **PATRICIA MENENDEZ CAMBO**  
STREET ADDRESS **1221 BRICKELL AVENUE**  
CITY-ST-ZIP **MIAMI, FL., 33131**

TITLE ☐ Change ☒ Addition  
NAME **V** **RAFAEL CARVAJAL**  
STREET ADDRESS **1221 BRICKELL AVENUE**  
CITY-ST-ZIP **MIAMI, FL. 33131**

TITLE ☐ Change ☒ Addition  
NAME **COO** **VICENTE SANCHEZ CABEZON**  
STREET ADDRESS **1221 BRICKELL AVENUE**  
CITY-ST-ZIP **MIAMI, FL., 33131**

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: **PATRICIA MENENDEZ CAMBO**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE

**4/30/01**

Date

**305-925-5417**

Daytime Phone #

CR2E083 (11/00)