

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90052 019 ****50.00

DOCUMENT # L95000000662

1. Entity Name

CATALINA DEVELOPERS, L.C.



Principal Place of Business

~~324 ROYAL PALM WAY~~
~~SUITE 215~~
PALM BEACH FL 33480

Mailing Address

~~324 ROYAL PALM WAY~~
~~SUITE 215~~
PALM BEACH FL 33480

2. Principal Place of Business

44 COCONUT ROW

Suite, Apt. #, etc.

SUITE T1, T2

City & State

PALM BEACH, FL

Zip

33480

Country

3. Mailing Address

44 COCONUT ROW

Suite, Apt. #, etc.

SUITE T1, T2

City & State

PALM BEACH, FL

Zip

33480

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0614945

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LESTER, PRESCOTT
~~324 ROYAL PALM WAY~~
~~SUITE 215~~
PALM BEACH FL 33480

Name

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

44 COCONUT ROW

SUITE T1, T2

City

PALM BEACH

FL

Zip Code

33480

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. I am familiar with, and accept the obligations of registered agent

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/9/03

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
MINKIN, DAVID
95-25 QUEENS BLVD SUITE 724
REGO PARK NY 11374 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
LESTER, PRESCOTT
324 ROYAL PALM WAY, STE 215
PALM BEACH FL 33480 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
LESTER, PRESCOTT
44 COCONUT ROW
PALM BEACH, FL 33480 ☒ Change ☐ Addition

TITLE
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STREET ADDRESS
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☐ Delete

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CITY-ST-ZIP
☐ Change ☐ Addition

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:

Prescott Lester REQUIRED

PROG

1/9/03

561-835-8118

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

Date

Daytime Phone #

CR2E083 (10/02)