200 UNIFORM BUSINESS REPORT (UBR)

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KATARI I	HOLDINGS, INC.	DRIVE 7784 TRAVELERS TREE DRIVE BOCA RATON FL 33433 Jainess 3. Mailing Address Suite, Apt. #, etc. City & State 4. FEI Nur Country 7 Zip 7 Country 5. Certific The and Address of Current Registered Agent 7. Name 8 Name Street Address (P.O. Box Nur Differa, P.A. A AVENUE LES FL 33134 City City Intity submits this statement for the purpose of changing its registered office or registered agent, or produce printed name of registered agent, and bits of applicable. TREERA, P.A. (NOTE: Registered Agent signature required when reinstating produce printed name of registered agent, and bits of applicable. TREERA, P.A. (NOTE: Registered Agent signature required when reinstating produce printed name of registered agent, or MATE: Registered Agent signature required when reinstating produce into and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITION MAKE STREET ADDRESS CITY-ST-ZIP Delete 1TILE NAME STREET ADDRESS CITY-ST-ZIP Delete 1TILE NAME STREET ADDRESS CITY-ST-ZIP Delete 1TILE NAME STREET ADDRESS CITY-ST-ZIP Delete 1TILE NAME				FILED				
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Zip	Country	Zip	Country		5. (Certificate of Status Desired				
	6. Name and Address of Current R	egistered Agent	<u> </u>		7. [Name and Address of New Regist				
CONTOCT A LETTERA DA										
	GEL & UTRERA, P.A. ALMERIA AVENUE			####150.00 FILE D O1 FEB 22 AM IO: 17 SECRETARY OF STATE TALLAHASSEE, FLORIDA DO NOT WRITE IN THIS SPACE 4. FEI Number 7 60 43 DO NOT WRITE IN THIS SPACE 4. FEI Number 7 60 43 Fee Required 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code registered office or registered agent, or both, in the State of Florida 1. Registered Agent Spinsore required when reinstaining) Date 1. Pregistered Agent Spinsore required when reinstaining) Date 1. Registered Agent Spinsore required when reinstaining and registered Agent Spinsore required when refer agent Spinsore required when refer agent Spinsore required when ref						
COR	AL GABLES FL 33134									
				City			FL	Zip Code)	
8. The above	named entity submits this statement for	the purpose of changing it	s register	ed office or regis	stered ag	ent, or both, in the State of Florida.	_			
SIGNATURE _	Signature, typed or printed name of registered agent ar	nd title if applicable. (NO	TE: Registere	ed Agent signature requ	uired when re	einstating)	DATE			
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Tax filing requirement and elects to do so. (See criteria on back)					ate					
11.	OFFICERS AND DIRECTORS				AE	DDITIONS/CHANGES TO OFFICER				
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indicated of the cor	sertify that the Information supplied with on this report or supplemental report is poration or the receiver or trustee empo or on an attachment with an address, w	true and accurate and that wered to execute this repor	my signa t as reau	iture chall have t	ne same	legal effect as it made under gain:	inai Lan	n an omcer	or orrector	

SIGNATURE: Marsha Katawi MARSHA KATANI 02/12/61 (954)78/639/
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daylor Phone #