

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2002 8:00 am
Secretary of State
 05-03-2002 90133 001 ***900.00

DOCUMENT # P00000018680

1. Entity Name
CATOVEST FLORIDIAN, INC.

Principal Place of Business

**19500 TURNBERRY WAY, APT. 17-D
 AVENTURA FL 33180-2537**

Mailing Address

**19500 TURNBERRY WAY, APT. 17-D
 AVENTURA FL 33180-2537**

2. Principal Place of Business

11077 Buscayre Blvd

3. Mailing Address

11077 Buscayre Blvd

Suite, Apt. #, etc.

PH JOEL ARESTY

Suite, Apt. #, etc.

PH JOEL ARESTY

City & State

MIAMI FLORIDA

City & State

MIAMI FLORIDA

Zip

33161

Country

DADE

Zip

33161

Country

DADE



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1058228

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**VUILLERMIN, CHRISTOPHER
 19500 TURNBERRY WAY, APT. 17-D
 AVENTURA FL 33180-2537**

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

04-15-2002

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

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\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

**TITLE PVT
 NAME VUILLERMIN, CHRISTOPHER
 STREET ADDRESS 19500 TURNBERRY WAY #17D
 CITY-ST-ZIP AVENTURA FL 33180-2537**

☐ Delete

**TITLE D
 NAME VUILLERMIN, CHRISTOPHER
 STREET ADDRESS 19500 TURNBERRY WAY #17D
 CITY-ST-ZIP AVENTURA FL 33180-2537**

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

**TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP**

☐ Change ☐ Addition

**TITLE
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 STREET ADDRESS
 CITY-ST-ZIP**

☐ Change ☐ Addition

13. 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 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 line empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04-15-2002

CR2E034 (9/01)