

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91740 031 \*\*\*150.00

DOCUMENT # PO00000020713

1. Entity Name

Catch a Thief, Inc

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

407 Lincoln Rd.

Suite, Apt. #, etc.

5B

City & State

Miami Beach

Zip

33139

Country

3. Mailing Address

407 Lincoln Rd.

Suite, Apt. #, etc.

5B

City & State

Miami Beach

Zip

33139

Country

4. FEI Number

05-0000404

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

George Brito

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

407 Lincoln Rd. #5B

City

Miami Beach

FL

Zip Code

33139

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

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

**January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE President  
NAME Simon, Douglas  
STREET ADDRESS 11711 NW 30 Place  
CITY-ST-ZIP Sunrise, FL

TITLE  
NAME  
STREET ADDRESS  
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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Simon Douglas

5/9/02

CR2ED034B (12/01)