

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED  
SECRETARY OF STATE  
CORPORATION OPERATIONS  
01 MAY 24 AM 9:22

DOCUMENT # **P00000060560**  
1. Entity Name **KATALYX INC.** ✓

Principal Place of Business: **1221 Brickell Avenue, Miami, FL, 33131**  
Mailing Address: **1221 Brickell Avenue, Miami, FL, 33131**  
**c/o Patricia Menéndez Cambo**

2. Principal Place of Business: **1221 Brickell Avenue**  
3. Mailing Address: **1221 Brickell Avenue c/o Patricia Menéndez**  
Suite, Apt. #, etc.: **Suite 1200**

City & State: **Miami, FLA**  
Country: **USA**  
Zip: **33131**

4. FEI Number: **52-2226382**  
Applied For:  Not Applicable  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**CORP DIRECT AGENTS**  
**N. MERIDIAN ST., LOWER LEVEL**  
**TALLAHASSEE, FL., 32301**

7. Name and Address of New Registered Agent  
Name: \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
City: **700004429817--5**  
**-06/19/01 FL 01087-001**  
**\*\*\*1000.00 \*\*\*150.00**

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 \_\_\_\_\_ (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)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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 like empowered.

SIGNATURE: **PATRICIA MENENDEZ CAMBO** *PM Cambo* Date: **4/30/01** Daytime Phone #: **305-9255417**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/00)