

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000002366

1. Entity Name
CATHAY IMPORTS, INC.

Principal Place of Business

7255 SW 48TH STREET
MIAMI FL 33155

Mailing Address

7255 SW 48TH STREET
MIAMI FL 33155

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

255 ALHAMBRA CIR #720

Suite, Apt. #, etc.

City & State

CORAL GABLES FL

Zip

Country

Zip

33134

Country

4. FEI Number

65-1065831

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CARPANETO, FERNANDO
255 ALHAMBRA CIRCLE, SUITE 720
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name GUILLERMO ANDRADE

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

255 ALHAMBRA CIR #720

City CORAL GABLES

FL

Zip Code 33134

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) ☐

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. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PSD
NAME ANDRADE, GUILLERMO
STREET ADDRESS 255 ALHAMBRA CIRCLE, SUITE 720
CITY-ST-ZIP CORAL GABLES FL 33134 ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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

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, without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GUILLERMO ANDRADE

1/27/02

(305)

444-8800

Date

Daytime Phone #

FILED
Feb 14, 2002 8:00 am
Secretary of State

02-14-2002 90037 006 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)