

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91518 026 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000007692			
1. Entity Name CATOR CORPORATION			
Principal Place of Business 901 PONCE DE LEON BLVD SUITE 603 CORAL GABLES FL 33134		Mailing Address 901 PONCE DE LEON BLVD SUITE 603 CORAL GABLES FL 33134	
2. Principal Place of Business CASAS RIEGNER Suite, Apt. #, etc. 25 NE 39 ST. City & State MIAMI FL Zip 33137 Country USA		3. Mailing Address CASAS RIEGNER Suite, Apt. #, etc. 25 NE 39 ST. City & State MIAMI, FL Zip 33137 Country USA	
		☐ CHECK HERE IF MAKING CHANGES	
		4. FEI Number 65-1071152	☐ Applied For ☐ Not Applicable
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ALBORNOZ, WILLIAM H ESO 901 PONCE DE LEON BLVD SUITE 603 CORAL GABLES FL 33134		7. Name and Address of New Registered Agent Name: Catalina Casas Street Address (P.O. Box Number is Not Acceptable) 25 NE 39 ST. City: MIAMI, FL Zip Code: 33137	
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE:  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE: _____			
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASAS, CATALINA 901 PONCE DE LEON BLVD SUITE 603 CORAL GABLES FL 33134 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: _____ Daytime Phone: _____	

CR2004 (10/02)