

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

07-11-2003 90049 028 ***150.00

P01000048327

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000048327

1. Entity Name

"CAT" TASTROPHE, INC



Principal Place of Business

11325 NE 9TH CT
N MIAMI FL 33161

Mailing Address

11325 NE 9TH CT
N MIAMI FL 33161

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1107709

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORCHIOLA, SHARYN
11325 NE 9TH CT
N MIAMI FL 33161

Name

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

REINSTATEMENT

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. 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 reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

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 COCCHIOLA, SHARYN 11325 NE 9TH CT N MIAMI FL 33161	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COCCHIOLA, CARMINE 11325 NE 9TH CT N MIAMI FL 33161	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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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:

Sharyn Cocchiola
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-9-03

Date

Daytime Phone #

CR2E034 (4/03)

2082

Sharyn Cacchiola

11325 NE 9th St

Bucayne Park, FL 33161

Tel # 305-893-7911

Re: Car Tastrophe, Inc. PO 1000048327

To Whom it may Concern;

I recently received this notice of reinstatement. A few months ago I sent in both forms for my 2 Corps. Pet Peeve, Inc. & Car Tastrophe, Inc. You cashed my check for 300.00. I spoke to your dept & followed up with a letter, stating that I only rec'd my yearly bill that week. I had not rec'd what was supposed to have been sent in Jan of 2003. Since I moved to Bucayne Park, 13 years ago I have had what seems to be an ongoing problem with my mail. I've gone so far as to contact the US postal authorities & still I don't receive important mail, including bills. I waited to respond to this new reinstatement form, thinking that another would follow in a day or so for PET Peeve, but I never got one. I paid for both Corps. together. Please waive this fee under the circumstance & notify me as to the status of PET Peeve, Inc. Thank you.