FILED
Jun 09, 2003 8:00 am
Secretary of State
05-05-2003 91146 029 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000058216

1. Entity Name
KATIA ENTERPRISES, INC.

[redacted]

44003634

[redacted]

Principal Place of Business	Mailing Address
551 S COLLIER BLVD MARCO ISLAND, FL 34145	PO BOX 1998 MARCO ISLAND, FL 34146

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
4255 HERITAGE CIRCLE	(SAME)
Suite, Apt. #, etc. BLDG 7 APT. 101	Suite, Apt. #, etc. (SAME)
City & State NAPLES FL	City & State (SAME)
Zip 34116 Country USA	Zip Country

4. FEI Number 65-1141078 ☐ 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
NEBEL, LYNN D 551 S COLLIER BLVD MARCO ISLAND, FL 34145	Name MIGUEL A. LOPEZ Street Address (P.O. Box Number is Not Acceptable) 4255 HERITAGE CIRCLE BLDG 7 APT 101 City 34116 FL Zip Code 34116

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] MIGUEL A. LOPEZ 04/14/2003
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
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 DE GAMBOA, MIGUEL LOPEZ 690 PELICAN CT MARCO ISLAND, FL 34145	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOPEZ, MIGUEL A. 4255 HERITAGE CR BLDG 7 #101 NAPLES FL 34116	☒ 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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

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] MIGUEL A. LOPEZ, PRES. 04/14/03 239-289-0829
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #