

02-27-2003 90125 030 \*\*\*150.00

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

**DOCUMENT # P02000083182**

1. Entity Name  
**KATEMI GROUP, INC.**



**90037771**

Principal Place of Business 6345 COLLINS AVENUE APT. 603 MIAMI BEACH, FL 33141	Mailing Address 6345 COLLINS AVENUE APT. 603 MIAMI BEACH, FL 33141
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2. Principal Place of Business <b>20300 W. Country Club Dr</b> Suite, Apt. #, etc. <b>#120</b>	3. Mailing Address <b>20300 W. Country Club Dr</b> Suite, Apt. #, etc. <b>#120</b>
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CHECK HERE IF MAKING CHANGES

City & State <b>Aventura, FL</b>	City & State <b>Aventura, FL</b>
Zip <b>33180</b>	Zip <b>33180</b>
Country <b>USA</b>	Country <b>USA</b>

4. FEI Number: **01-0753888** Applied For  Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**EINHORN, ROBERT M**  
**ZARCO EINHORN & SALKOSKI, P.A.**  
 100 S.E. 2ND STREET SUITE 2700  
 MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name **Edwin Alisetti**  
 Street Address (P.O. Box Number is Not Acceptable)  
**20300 W. Country Club Dr. #120**  
**Aventura**  
 City **Aventura** FL Zip Code **33180**

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 **Edwin Alisetti** DATE **02/24/03**

**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 <b>D</b>	<input type="checkbox"/> Delete	TITLE <b>Director, President, &amp; Secretary</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ALISETTI, EDWIN</b>		NAME <b>Edwin Alisetti</b>	
STREET ADDRESS <b>6345 COLLINS AVENUE APT. 603</b>		STREET ADDRESS <b>20300 W. Country Club Dr. #120</b>	
CITY-ST-ZIP <b>MIAMI BEACH, FL 33141</b>		CITY-ST-ZIP <b>Aventura, FL 33180</b>	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 **Edwin Alisetti** DATE **02/24/03** DAYTIME PHONE **(305) 935-0527**

CR2E004 (10/02)