

2000 UNIFORM BUSINESS REPORT (UBR)**FILED**
Aug 16, 2000 8:00 am
Secretary of State

08-16-2000 90001 017 ***550.00

A0072978



DO NOT WRITE IN THIS SPACE

DOCUMENT # P94000087544

1. Entity Name

CATENA BUILDING INDUSTRY USA, INC.

Principal Place of Business

924 5TH ST W
PALMETTO FL 34221
US

Mailing Address

924 5TH ST W
PALMETTO FL 34221
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0537044

Applied For

Not Applicable

Zip

Country

Zip

Country

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

VAN DER KOLK, HANS
1398 BAYSHORE DRIVE
TERRA CEIA FL 34250

Name

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

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.

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 \$550.00**
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	VAN DER KOLK, HANS	
STREET ADDRESS	1398 BAYSHORE DRIVE	
CITY-ST-ZIP	TERRA CEIA FL 34250	
TITLE	D	<input type="checkbox"/> Delete
NAME	CATENA, FRANCO	
STREET ADDRESS	VIA MONTEGALLO, # 45	
CITY-ST-ZIP	OSIMO (AN), ITALY	
TITLE	D	<input type="checkbox"/> Delete
NAME	HEREMANS, RONALD	
STREET ADDRESS	EUG. WOUTERSSTRAAT 51	
CITY-ST-ZIP	2200 HEIST OP DEN BERG	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR7/31/00
Date941 723-0674
Daytime Phone #

CR2E034 (5/00)