

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 01, 2001 8:00 am**  
**Secretary of State**

02-01-2001 90109 047 \*\*\*158.75

**DOCUMENT # P96000037330**

1. Entity Name  
**KAT-N-DIL, INC.**

Principal Place of Business  
**7289 NORTHWEST 36TH STREET**  
**MIAMI FL 33166**

Mailing Address  
**7289 NORTHWEST 36TH STREET**  
**MIAMI FL 33166**

2. Principal Place of Business  
**2600 NW. 87th AVE**

3. Mailing Address  
**2600 NW. 87th AVE**

Suite, Apt. #, etc.  
**#4**

Suite, Apt. #, etc.  
**(#4)**

City & State  
**MIAMI FL.**

City & State  
**MIAMI FL.**

4. FEI Number **65-0663381**

Applied For  
 Not Applicable

Zip  
**33172**

Country  
**MIAMI-DADE**

Zip  
**33172**

Country  
**MIAMI-DADE**

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

**BARROSO, FRANK C.**  
**7289 NW 36TH STREET**  
**MIAMI FL 33166**

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 \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. 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  
**PTD**  
 NAME  
**BARROSO, FRANK C**  
 STREET ADDRESS  
**7289 NORTHWEST 36TH STREET**  
 CITY-ST-ZIP  
**MIAMI FL 33166** ☐ Delete

TITLE  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
**VSD**  
 NAME  
**BAROSSO, LINA I**  
 STREET ADDRESS  
**7289 NORTHWEST 36TH STREET**  
 CITY-ST-ZIP  
**MIAMI FL 33166** ☐ Delete

TITLE  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME ☐ Change ☐ Addition  
 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: Frank C. Barroso  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/01 (505) 592-3390  
 Date Daytime Phone #

CR2E034 (10/00)