FILED Apr 21, 2002 8:00 am § Secretary of State 2002 UNIFORM BUSINESS REPORT (UBR) **BÖCUMENT** # P96000039118 1. Entity Name 04-21-2002 90851 005 ***158 C.A.T. SVS., INC. Principal Place of Business Mailing Address 6510 MAIN ST. #11-108 6510 MAIN ST. #11-108 MIAMI LAKES FL 33014 MIAMI LAKES FL 33014 3. Mailing Address 1580 NW 2. Principal Place of Business ierrace. <u>7580</u> NW Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For State 65-0668194 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired a ae Fee Required Va DF 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PASTOR, CATALINA I Street Address (P.O. Box Number is Not Acceptable) 6510 MAIN ST. #11-108 MIAMI LAKES FL_33014 City Zin Code the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above nan ed entity submits this atement fo SIGNATURE (NOTE: Registered Agent signature required when reinstating Signature, typed or printed name of re-FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be/\$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Delete TITLE Change ☐ Addition TITLE PSTD NAME NAME PASTOR, CATALINA STREET ADDRESS STREET ADDRESS 6510 MAIN ST. #11-108 CITY-ST-ZIP CITY-ST-7IP MIAMI LAKES FL 33014 ☐ Change ☐ Addition Delete TITLE TITLE **VPD** NAME NAME PRIETO, RICHARDO STREET ADDRESS STREET ADDRESS 1900 S.W. 120TH TERR. CITY-ST-ZIP CITY-ST-ZIP MIRAMAR FL 33025 KE-PRESIDENT / DIRECTOR ☐ Change Addition ☐ Delete TITLE TITLE PASTOR, LUIS Alberto NAME NAME wio mainstreet, 11-108 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP CITY-ST-7iP filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 order of this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if I hereby certify that the information supplied with this indicated on this report or supplemental eport is true of the corporation or the changed, or on an attac

TITLE

NAME

NAME STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP TITLE

SIGNATURE:

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME STREET ADDRESS

TITLE

NAME

ATALINA PASTOY SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Delete

Change

Change

☐ Addition

☐ Addition