

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P96000057711**

1. Entity Name

CATCH MY THRIFT, INC.**FILED**
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90216 002 ***150.00

Principal Place of Business

Mailing Address

**4800 SW 28 TERR
FT LAUDERDALE FL 33312
US****2820 SW 57TH COURT
FT LAUDERDALE FL 33312-6414**

00040100



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0680946☒ 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****QUATRINI, ROBERT
3060 LAKE SHORE DR
FT LAUDERDALE FL 33312**

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, 2000 Fee will be \$550.00
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 | NAME | STREET ADDRESS | CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|---------------------|--------------------|------------------------|--|-------|------|----------------|-----------------|---------------------------------|-----------------------------------|
| P | QUATRINI, CHRISTINE | 2820 SW 57TH COURT | FT LAUDERDALE FL 33312 | <input type="checkbox"/> Delete | | | | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| ST | QUATRINI, LOIS | 3060 LAKE SHORE DR | FT LAUDERDALE FL 33312 | <input checked="" type="checkbox"/> Delete | | | | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| | | | | <input type="checkbox"/> Delete | | | | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
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| | | | | <input type="checkbox"/> Delete | | | | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHRISTINE QUATRINI
PRESIDENT
Date: **1-6-00** Daytime Phone #: **9815008**

CR2E034 (9/99)