

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90397 030 ***150.00

DOCUMENT # P96000057711

1. Entity Name

CATCH MY THRIFT, INC.

Principal Place of Business

**4800 SW 28 TERR
 FT LAUDERDALE FL 33312
 US**

Mailing Address

~~2820 SW 57TH COURT~~
FT LAUDERDALE FL 33312

2. Principal Place of Business

3. Mailing Address

3109 SW 58 PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Dania Beach, FL

4. FEI Number

65-0680946

Applied For

Not Applicable

Zip

Country

Zip

Country

33312 Broward

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, 2002 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 **P** ☐ Delete
 NAME **RUFFINI, CHRISTINE**
 STREET ADDRESS ~~2820 SW 57TH COURT~~
 CITY-ST-ZIP ~~FT LAUDERDALE FL 33312~~

☒ Change ☐ Addition
 TITLE
 NAME
 STREET ADDRESS **3109 SW 58 PLACE**
 CITY-ST-ZIP **DANIA BEACH, FL 33312**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition
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 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:

Christine Ruffini **CHRISTINE RUFFINI** 2/15/02 (954) 988-5008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0319198 AV

CP2E034 (9/01)