

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

05-10-2004 90472 003 ***300.00
P96000100508

112

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAY 26 AM 10:31

54053848

REINSTATEMENT 03-04
DO NOT WRITE IN THIS SPACE

DOCUMENT #
1. Entity Name *KAYTEE Property Holdings INC*
P 96000100508



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business *1660 SE 3rd CT*
Suite, Apt. #, etc.
3. Mailing Address *1660 SE 3rd CT*
Suite, Apt. #, etc.

City & State *Deer Field Beach, FL* City & State *Deer Field Beach, FL*

Zip *33441* Country *Broward* Zip *33441* Country *Broward*

4. FEI Number *16-8012136123-0* Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name *Michael Catalogna*
Street Address (P.O. Box Number is Not Acceptable)
1660 SE 3rd CT
Deer Field Beach
City *FL* Zip Code *33441*

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$350.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>PRES. Michael Catalogna 1660 SE 3rd CT Deer Field Beach, FL 33441</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* *Michael Catalogna* 5/6/04 .0313
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)

954-427-
5126 AD

Attachment 54053848 212
#P960009000508

I didn't receive a form for
2002 or 2003 this form

I received May 3, 04. Enclosed

is my check for 300.00

Thank You



Michael Catelogwa