

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90449 032 ***150.00

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DOCUMENT # P97000053580

1. Entity Name
CATOVEST USA, INC.

Principal Place of Business
19500 TURNBERRY WAY
UNIT 17D
NORTH MIAMI BEACH FL 33180
US

Mailing Address
19500 TURNBERRY WAY
UNIT 17D
NORTH MIAMI BEACH FL 33180
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
11077 Biscayne Blvd
 Suite, Apt. #, etc.
SUITE ARESTY PH
 City & State
MIAMI FLORIDA

3. Mailing Address
11077 Biscayne Blvd
 Suite, Apt. #, etc.
SUITE ARESTY PH
 City & State
MIAMI FLORIDA

4. FEI Number **65-0761322**

Applied For
 Not Applicable

Zip **33161** Country **DADE**

Zip **33161** Country **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

VUILLERMIN, CHRISTOPHER
19500 TURNBERRY WAY
UNIT 17-D
NORTH MIAMI BEACH FL 33180

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

04-05-2002

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 NAME STREET ADDRESS CITY-ST-ZIP	PVTS VUILLERMIN, CHRISTOPHE 19500 TURNBERRY WAY, UNIT 17-D N. MIAMI BCH FL 33180	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VUILLERMIN, CHRISTOPHE 19500 TURNBERRY WAY, UNIT 17-D N. MIAMI BCH FL 33180	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-05-2002

Date

Daytime Phone #

CR2E034 (9/01)