## 2002 UNIFORM BUSINESS REPORT (UBR)

## **FILED** May 06, 2002 8:00 am § Secretary of State P98000018740 DOCUMENT # 1. Entity Name KATTAN PROPERTIES, INC. 05-06-2002 90157 026 \*\*\*150.00 Principal Place of Business Mailing Address 7249 NW 36\_COURT 7249 NW 36\_COURT MIANH FC 33147 MIAMP FL 33147 2. Principal Place of Business 3. Mailing Address 7621 N.W. 37th Ave Sam Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE MIAM City & State City & State 4. FEI Number Applied For 65-0816420 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ABRAHAM WOLFE, MELVAN ESC 7249 NW 36-COURT MIAMI FL 33147 8. The above named entity App this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 4/19/02 SIGNATURE of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete CR2E034 (9/01) KATTAN, ABRAHAM NAME NAME 7621 N.W. 3712 Au., MIAMI Fle. 33147 7<del>249 NW 36 COURT</del> STREET ADDRESS STREET ADDRESS MIAMI FL 33147 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE KATTAN, RAHAMIN NAME 7621 N.W. 37th Aug-7249 NW 36 COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33147-CITY-ST-ZIP TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/02 305-696-2800 Data Daytime Phone #