305-231-<u>6360</u>

## **2001 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

## Aug 14, 2001 8:00 am Secretary of State P98000043815 DOCUMENT # 1. Entity Name CATALYSIS CORPORATION 08-14-2001 90001 008 \*\*\*150.00 Mailing Address Principal Place of Business 8185 NW 155 ST 8185 NW 155 ST MIAMI LAKES FL 33016 MIAMI LAKES FL 33016 2. Principal Place of Business 3. Mailing Address 6187 6187 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Suît $\epsilon$ SUITE Applied For City & State City & State 4. FEI Number 65-0839468 Not Applicable Zip 🚅 Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 33015 30เ 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WILSON, J. EVERETT ESQ. Street Address (P.O. Box Number is Not Acceptable) 2151 LE JEUNE RD. MEZZENINE CORAL GABLES FL 33134 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 Fiorida. SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After September 12, 2001 Fee will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12 11. CR2E034 (5/01) Change Change ☐ Addition TITLE ☐ Detete TITLE LEMOS, ANA MARIA D NAME NAME 8185 2 NW 155 ST. STREET ADDRESS STREET ADDRESS MIAMI LAKES FL 33016 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TIT! F , FITLE NAME NAME STREET ADDRESS STREET ADDRESS CUTY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TIT! F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 eath; 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

Attachments
BIXVO2193

## RAUL RICARDO, C.P.A., P.A.

1840 W. 49th St., Suite #100 Hialeah, Florida 33012 Office (305) 825-4777 Office (305) 829-1041 Fax (305) 824-4997

August 7, 2001

**Division of Corporation** Uniform Business Report Filings P.O. Box 1500 Tallahassee, Florida 32302-1500

Ref: Catalysis Corporation

Document # P98000043815

To Whom It May Concern:

Please be advised that my client as referenced above did not receive her 2001 UBR Annual Report Form on a timely manner.

The business moved to a different location. The correct address is listed on the 2001 UBR Annual Report Form.

We are requesting that you waive the late charges and accept her 2001 UBR Annual Report Form, along with a check in the amount of \$150.00.

If you should have any questions, please feel free to contact my office at the number listed above.

Sincerely

Raul Rigardo, C.P.A. Lic. # AC 0013416