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954-56/-/4/9 Daytime Phone #

04-28-01

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

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NING OFFICER OR DIRECTOR

GNATURE AND EXPEN OR PRINTED NAME OF

May 14, 2001 8:00 am Secretary of State DOCUMENT # P98000100199 1. Entity Name CATEK GROUP, INC. 5-14-2001 90110 035 ***150.00 Principal Place of Business Mailing Address 3640 N. ANDREWS AVENUE 3640 N. ANDREWS AVENUE FORT LAUDERDALE FL 33309 FORT LAUDERDALE FL 33309 CO064217 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0905280 Not Applicable 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 GREENBERG, JOEL E Street Address (P.O. Box Number is Not Acceptable) 2806 N. UNIVERSITY DRIVE SUNRISE FL 33322 City 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 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 11. OFFICERS AND DIRECTORS 12. ☐ Delete TITLE Change TITLE TASAYCO, CESAR A JR. NAME NAME 3640 N. ANDREWS AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33309 CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITI F 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 ☐ Addition TITLE Delete TITLE Change STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 attactment with an address with all other like empowered. changed, or on an attachmen