

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000009002

1. Entity Name

CATTLE HOLDINGS, INC.

FILED

00 FEB 14 AM 8:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

2800 ISLAND BLVD, SUITE 402
AVENTURA, FL 33160

2. Principal Place of Business

3. Mailing Address

2800 ISLAND BLVD

Suite, Apt. #, etc.

SUITE 402

City & State

AVENTURA, FL

City & State

Zip

33160

Country

DADE

Zip

Country

4. FEI Number

68-0172274

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GERMAN HOYOS BERNAL
2800 ISLAND BLVD, SUITE 402
AVENTURA, FL 33160

7. Name and Address of New Registered Agent

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]*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2/8/00

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, 2000 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

TITLE: VP & DIRECTOR
NAME: GERMAN HOYOS BERNAL
STREET ADDRESS: 2800 ISLAND BLVD, SUITE 402
CITY-ST-ZIP: AVENTURA, FL 33160 ☐ Delete

TITLE: PR & DIRECTOR
NAME: MONICA CABOZA
STREET ADDRESS: 2800 ISLAND BLVD, SUITE 402
CITY-ST-ZIP: AVENTURA, FL 33160 ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

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CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition
NAME: 300003170193--8
STREET ADDRESS: -03/14/00--01132--007
CITY-ST-ZIP: *****150.00 *****150.00

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition
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NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/8/00

705.937.558

CR2E034 (9/99)