

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90320 004 ***150.00

DOCUMENT # **P99000091048**
1. Entity Name
KataCa, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4051 Park Avenue
Suite, Apt. #, etc.

3. Mailing Address
4051 Park Avenue
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State **Miami, Florida** City & State **Miami, Florida** 4. FEI Number **65-0956017** Applied For
Not Applicable

Zip **33133** Country **USA** Zip **33133** Country **USA** 5. Certificate of Status Desired **\$8.75** Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name **Kathryn Campaigne**
Street Address (P.O. Box Number is Not Acceptable)
4051 Park Avenue
City **Miami** FL Zip Code **33133**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **January 1 - May 1 Fee is \$150.00**
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	PVTS	TITLE	
NAME	Kathryn Campaigne	NAME	
STREET ADDRESS	4051 Park Avenue	STREET ADDRESS	
CITY - ST - ZIP	33133	CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS	4051 Park Avenue	STREET ADDRESS	
CITY - ST - ZIP	Miami, FL 33133	CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	C	TITLE	
NAME	Curtis Campaigne	NAME	
STREET ADDRESS	4051 Park Avenue	STREET ADDRESS	
CITY - ST - ZIP	Miami, FL 33133	CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Kathryn Campaigne**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/02 **305.661.8133**
Date Daytime Phone #

CR2E034B (12/01)