

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V04223

1. Entity Name

CATAS CONSTRUCTION, INC.

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

05-02-2000 90093 034 \*\*\*150.00

Principal Place of Business

9130 S. DADELAND BLVD  
 SUITE 100  
 MIAMI FL 33156  
 US

Mailing Address

9130 S. DADELAND BLVD  
 SUITE 100  
 MIAMI FL 33156-7850  
 US

2. Principal Place of Business

9090 S. DADELAND BLVD.

3. Mailing Address

9090 S. DADELAND BLVD.

Suite, Apt. #, etc.  
 SUITE 204

Suite, Apt. #, etc.  
 SUITE 204

City & State  
 MIAMI, FL

City & State  
 MIAMI, FL

4. FEI Number

65-0302451

Applied For

Not Applicable

Zip  
 33156

Country  
 US

Zip

33156-7820

Country  
 US

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION COMPANY OF MIAMI  
 201 S. BISCAYNE BLVD  
 1600 MIAMI CENTER  
 MIAMI FL 33131

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ROCA, EDUARDO 9130 S. DADELAND BLVD MIAMI FL 33156	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ROCA, EDUARDO 9090 S. DADELAND BLVD., SUITE 204 MIAMI, FL 33156	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV PULENTA, LUIS 9130 S. DADELAND BLVD MIAMI FL 33156	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV PULENTA, LUIS 9090 S. DADELAND BLVD., SUITE 204 MIAMI, FL 33156	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST GLAS, RICARDO 9130 S. DADELAND BLVD MIAMI FL 33156	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST GLAS, RICARDO 9090 S. DADELAND BLVD., SUITE 204 MIAMI, FL 33156	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Luis Pulentia*  
 SIGNED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/07/00

Date

(305)670-1035 x7257

Daytime Phone #

CR2E034 (9/99)