

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 24, 2001 8:00 am
Secretary of State

01-24-2001 90046 003 ***158.75

DOCUMENT # V12051

1. Entity Name
CAT C, INC.

Principal Place of Business
601 S ANDREWS AVE STE 12
FT LAUDERDALE FL 33301

Mailing Address
601 S ANDREWS AVE STE 12
FT LAUDERDALE FL 33301

2. Principal Place of Business

3. Mailing Address

1101 S. Andrews ave 1101 S. Andrews ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Ft Laud FL

City & State
Ft Laud FL

4. FEI Number 65-0311564

Applied For

Not Applicable

Zip Country
33316

Zip Country
33316

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

CRESPO, CATHERINE
601 S ANDREWS AVE
FT LAUDERDALE FL 33301

Name ~~CRESPO, CATHERINE~~

Street Address (P.O. Box Number is Not Acceptable)
1101 S. Andrews ave

City FL Zip Code
Ft Laud FL 33316

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 *Catherine Crespo*

DATE 1/11/01

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, 2001 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	DPV CRESPO, CATHERINE 7870 NW 5 PL PLANTATION FL 33324 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Catherine Crespo* CATHERINE CRESPO 1/11/01 954-463-6363

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)