

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2001 8:00 am
Secretary of State

0146867

DOCUMENT # 384765

1. Entity Name

ESTHER CATERING SERVICE, INC.

02-13-2001 90042 032 ***150.00

Principal Place of Business

**4546 N W 7 AVE
 MIAMI FL 33127**

Mailing Address

**4546 N W 7 AVE
 MIAMI FL 33127**

715315



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1353651**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**SUAREZ, PABLO E.
 6475 MIAMI LAKEWAY S.
 MIAMI LAKES FL 33014**

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, 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	DVS	<input type="checkbox"/> Delete
NAME	SUAREZ, PABLO E.	
STREET ADDRESS	6475 MIAMI LAKEWAY S. 4546 NW 7 AVE	
CITY-ST-ZIP	MIAMI LAKES FL MIAMI FL 33127	
TITLE	VP	<input type="checkbox"/> Delete
NAME	THOMAS, GIL	
STREET ADDRESS	706 W 43 PL 4546 NW 7 AVE	
CITY-ST-ZIP	HALEAH, FL 00000 MIAMI FL 33127	
TITLE	PTD	<input type="checkbox"/> Delete
NAME	SUAREZ, TONY	
STREET ADDRESS	4128 W 6 CT. 4546 NW 7 AVE	
CITY-ST-ZIP	HALEAH, FL 00000 MIAMI FL 33127	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/01

Date

Daytime Phone #

3057549012

CR2E034 (10/00)