

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90244 044 \*\*\*158.75

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DOCUMENT # **P96000066427**

1. Entity Name  
**CATERED EVENTS, INC.**



Principal Place of Business  
**20400 NE 30 AVE  
AVENTURA FL 33180  
US**

Mailing Address  
**20400 NE 30 AVE  
MIAMI FL 33180  
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0689712**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**POLLAK, STEVEN  
1122 HIDDEN VALLEY WAY  
WESTON FL 33327**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Steven Pollak*

4-18-03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>POLLAK, JEANNE</b>	
STREET ADDRESS	<b>3530 MYSTIC PT DRIVE</b>	
CITY-ST-ZIP	<b>AVENTURA FL 33180</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>POLLAK, MICHAEL</b>	
STREET ADDRESS	<b>3245 NE 184TH STREET, #13310</b>	
CITY-ST-ZIP	<b>MIAMI FL 33160</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>POLLAK, STEVEN</b>	
STREET ADDRESS	<b>1122 HIDDEN VALLEY WAY</b>	
CITY-ST-ZIP	<b>WESTON FL 33324</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MARKOFSKY, CARRI</b>	
STREET ADDRESS	<b>8290 VIA SERENA</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33433</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Steven Pollak* **REQUIRES SIGNATURE** **4-18-03** **305-931-4118**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)