

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

DOCUMENT # P01000111980

1. Entity Name
MEKA CATERING SERVICES, INC.

FILED

02 MAR -5 PM 12:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
9770 SW 148 Ave

3. Mailing Address
9770 SW 148 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Miami, FL

City & State
Miami, FL 33196

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip 33196 Country USA

Zip 33196 Country USA

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

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Bapthol Joseph

Street Address (P.O. Box Number is Not Acceptable)

9770 SW 148 Ave

City Miami **FL** Zip Code 33196

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 Bapthol Joseph

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/5/02

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☒

**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
NAME
STREET ADDRESS
CITY-ST-ZIP
President / Treasurer
Bapthol Joseph
9770 SW 148 Ave
Miami, FL 33196

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
900005043559--4
-03/05/02--01036--001
****150.00 ****150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice President / Sec
Manda Barr
9770 SW 148 Ave
Miami, FL 33196

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1.19.07(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 687, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Bapthol Joseph
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/02
Date

(305) 469-7833
Daytime Phone #

CR2E034B (12/01)