

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 18, 2000 8:00 am
Secretary of State
 09-18-2000 90039 024 ***150.00

DOCUMENT # 560463

1. Entity Name
HILDA CATERING SERVICES, INC.

Principal Place of Business

**960 EAST 25TH STREET
 HIALEAH FL 33013**

Mailing Address

**960 EAST 25TH STREET
 HIALEAH FL 33013**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

14822 N.W. 88 CT.

Suite, Apt. #, etc.

City & State

Miami Lakes, FL

Zip

33018

Country

4. FEI Number **59-1798121**

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**HERNANDEZ, HILDA C
 960 EAST 25TH ST
 HIALEAH FL 33013**

7. Name and Address of New Registered Agent

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 \$550.00
 After SEPTEMBER 13, 2000 Min. will be \$750.00
 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

TITLE **S** ☐ Delete
 NAME **VALLE, ILEANA H**
 STREET ADDRESS **14822 NW 88 CT**
 CITY-ST-ZIP **MIAMI FL 33018**

TITLE **PT** ☐ Delete
 NAME **HERNANDEZ, HILDA**
 STREET ADDRESS **1975 W. 64TH STREET**
 CITY-ST-ZIP **HIALEAH FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/15/00
 Date

305-557-2411
 Daytime Phone #

CR2E034 (5/00)

Attachment
DH#560463
DOR

HILDA CATERING SERVICES, INC.
14822 N.W. 88TH Court
Miami Lakes, Florida 33018

September 5, 2000

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314


Re: Document #560463
2000 Uniform Business Report

To Whom It May Concern:

I am enclosing the above referenced annual report and a check for the filing fee of \$150.00. I am requesting an abatement of the penalty for not filing by May 1st. The non-filing was not intentional. I did not received any notices or a pre-printed form prior to the second request which was recently received. As you will note from our history with the division this is not normal for us.

I have change the mailing address in order to prevent this in the future. Thank you for your consideration.

Respectfully,


Ileana H Valle
Secretary/Treasurer