

**FOR PROFIT CORPORATION 2004
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90390 009 ***150.00

DOCUMENT # F72266

1. Entity Name

AMELIA & CARMEN CATERING, INC.

DO NOT WRITE IN THIS SPACE

94077642

2. Principal Place of Business

4542 PALM AVENUE

Suite, Apt. #, etc.

3. Mailing Address

4542 PALM AVENUE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
HIALEAH FLCity & State
HIALEAH FL

4. FEI Number 59-2183845

Applied For
Not Applicable

Zip 33012

Country USA

Zip 33012

Country USA

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name DANIEL M. POU

Street Address (P.O. Box Number is Not Acceptable)
8311 NW 166TH TERRACE

MIAMI, FL 33012

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



4/22/04

DATE

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

(NOTE: Registered Agent signature required when rechartering)

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. ☐

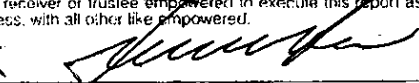
\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD POU, AMELIA I. 19806 NW 86TH COURT MIAMI FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HERNANDEZ, CARMEN 340 E 56 ST HIALEAH FL 33012	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD POU, DANIEL M. 8311 NW 166TH TERRACE MIAMI, FL 33012	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD POU, AMELIA I. 19806 NW 86TH COURT MIAMI FL 33015	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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 on an attachment with an address, with all other like empowered.

SIGNATURE: X



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/22/04

305-362-5360

Date

Anytime Phone #

11/01/11 11:01:11