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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4542 PALM AVENUE	4542 PALM AVENUE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: HIALEAH FL	City & State: HIALEAH FL
Zip: 33012 Country: USA	Zip: 33012 Country: USA

4. FEI Number: 59-2183845 ☐ Applied For ☐ Not Applicable

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: X _____ 4/22/04
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) ☐

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	PD	TITLE	
NAME	POU, AMELIA I.	NAME	
STREET ADDRESS	19806 NW 86TH COURT	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	
TITLE	VD	TITLE	
NAME	HERNANDEZ, CARMEN	NAME	
STREET ADDRESS	340 E 56 ST	STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33012	CITY-ST-ZIP	
TITLE	SD	TITLE	
NAME	POU, DANIEL M.	NAME	
STREET ADDRESS	8311 NW 166TH TERRACE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33012	CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE	TD	TITLE	
NAME	POU, AMELIA I.	NAME	
STREET ADDRESS	19806 NW 86TH COURT	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33015	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 _____ 04/22/04 305-362-5360
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #