

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

DOCUMENT # **662461**

1. Entity Name

Palace Catering Inc,

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2211 NW 2nd St.

Suite, Apt. #, etc.

3. Mailing Address

Same

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33125

Country

U.S.A

City & State

Zip

Country

4. FEI Number

59-2319599

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 **Rene L. Molina Saltero**

Street Address (P.O. Box Number is Not Acceptable)
3383 NW 7th St. Suite 212

City **Miami**

FL

Zip Code

33125

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 **Rene L. Molina Saltero**

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

(NOTE: Registered Agent signature required when reinstating)

11/22/02
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 **President**
NAME **Rene L. Molina Saltero**
STREET ADDRESS **3383 NW 7th St. Suite 212**
CITY-ST-ZIP **Miami, FLA 33125**

TITLE **Treasurer**
NAME **Carmen Michel**
STREET ADDRESS **3383 N.W. 7th St. Suite 212**
CITY-ST-ZIP **Miami, FLA 33125**

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
200009721072
12/30/02-01002-009-163.85

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

**DO NOT WRITE
IN THIS SPACE**

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 **Rene L. Molina Saltero**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/22/02 (305) 642-1338
Daytime Phone #

Val

November 21, 2002

To: The Department of State

From: Palace Catering, Inc.
2211 NW 2 Street
Miami, Florida 33125

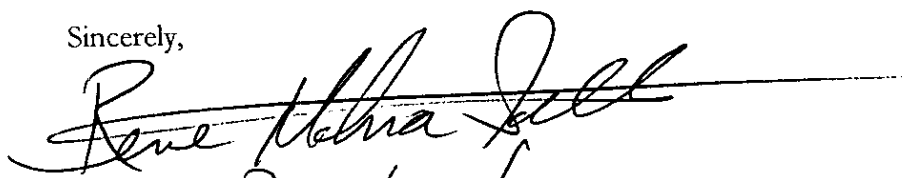
To whom this may concern:

Please be advised that we are enclosing \$150.00 for late filing (UBR) as well as \$5.00 for Election Campaign Financing Trust fund.

Please excuse the tardiness of this report, it was due to the passing of our accountant and the fact that due to his death, all of his clients, including our company have not received any of the documentation needed to complete our deadlines.

I hope that this will remedy the situation. Sorry for the inconvenience this may have caused.

Sincerely,


President.