

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# **J18473**

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90142 008 ***150.00

CATERING BY

Louables

7355 NW 41 Street
Miami, FL 33166
(305) 640-1921
Fax: (305) 640-0396

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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 7355 NW 41 STREET Suite, Apt. #, etc.		3. Mailing Address 7355 NW 41 ST Suite, Apt. #, etc.	
City & State MIAMI FL		City & State MIAMI FL	
Zip 33166	Country U.S.A	Zip 33166	Country USA
4. FEI Number 59-2686199		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent MCSWIGGAN, MARILYN 26 BAY HEIGHTS DR MIAMI FL 33133		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 _____ (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. ☐ **FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P MCSWIGGAN, MARILYN A. 26 BAY HEIGHTS DR MIAMI FL 33133	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE V SILVERMAN, ELIZABETH M 1111 BRICHELL BAY DR #508 MIAMI FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 8373 Lake Drive MIAMI FL 33166	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/19/01 305/6401921

CR2E034 (10/00)