

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000025814

1. Entity Name
OSKKY'S CATERING, INC.

Principal Place of Business
13270 SOUTHWEST 131 STREET, UNIT 139
MIAMI FL 33186

Mailing Address
13270 SOUTHWEST 131 STREET, UNIT 139
MIAMI FL 33186

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0989865

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name OSCAR H. CARCANO

Street Address (P.O. Box Number is Not Acceptable)

8343 SW 162 CT.

City MIAMI

FL

Zip Code 33193

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

JAN 12, 2001

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 \$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

TITLE PSD
NAME CARCANO, OSCAR H
STREET ADDRESS 8343 SOUTHWEST 162ND COURT
CITY-ST-ZIP MIAMI FL 33193

☐ Delete

TITLE VTD
NAME RUSCH, SUSANA
STREET ADDRESS 8343 SOUTHWEST 162ND COURT
CITY-ST-ZIP MIAMI FL 33193

☐ Delete

TITLE
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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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: x

CARCANO, OSCAR PSD

JAN 12, 2001

Date

(305) 378-1555

Daytime Phone #

CR2E034 (10/00)

0234621

FILED
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90116 024 ***150.00



DO NOT WRITE IN THIS SPACE