

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 23, 2001 8:00 am**
Secretary of State

03-23-2001 90001 023 ***150.00

DOCUMENT # P00000046416

1. Entity Name

HOMETOWN CATERING, INC.

Principal Place of Business

**1098 LAGUNA SPRINGS DRIVE
WESTON FL 33326**

Mailing Address

**1098 LAGUNA SPRINGS DRIVE
WESTON FL 33326**

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

65-1006305

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JAHODA, STEPHEN
1098 LAGUNA SPRINGS DRIVE
WESTON FL 33326**

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

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) ☐**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 **D** ☐ Delete
NAME **JAHODA, STEPHEN**
STREET ADDRESS **1098 LAGUNA SPRINGS DRIVE**
CITY-ST-ZIP **WESTON FL 33326**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **FRIEDOPFER, BOB**
STREET ADDRESS **1098 LAGUNA SPRINGS DRIVE**
CITY-ST-ZIP **WESTON FL 33326**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *X Stephen Jahoda*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/01

Date

553-3802

Daytime Phone #

CR2E034 (10/00)



Attachment #
P00000046416

515878

11120 N. Kendall Dr., Suite 201
Miami, Florida 33176
Phone (305) 270-2040
Fax (305) 595-8695

BARRERAS & RACHLIN, P.A.

INCOME TAX RETURN FILING INSTRUCTIONS

NAME OF TAXPAYER HOMETOWN CATERING INC YEAR 2001

RETURN:

- | | |
|--|---|
| <input type="checkbox"/> 1040 Individual Tax Return | <input type="checkbox"/> F1120 Corporate Income Tax |
| <input type="checkbox"/> 1065 Partnership Tax Return | <input type="checkbox"/> 1041 Fiduciary Tax Return |
| <input type="checkbox"/> 1120 Corporate Tax Return | <input checked="" type="checkbox"/> Other: <u>UNIFORM BUSINESS REPORT</u> |
| <input type="checkbox"/> 1120S Corporate Tax Return | <input type="checkbox"/> Other: _____ |

SIGNATURE:

- The return should be signed where indicated by a mark by:
- | | |
|---|--|
| <input type="checkbox"/> Taxpayer | <input checked="" type="checkbox"/> One of the officers of the corporation |
| <input type="checkbox"/> Taxpayer and wife | <input type="checkbox"/> Fiduciary |
| <input type="checkbox"/> One of the partners | _____ |
| <input type="checkbox"/> Each election where indicated, on page _____ | |

DUE DATE:

Mail on or before 5/1/01

REMITTANCE:

Tax Due: \$ 150
\$ _____ will be refunded to you.
\$ _____ will be credited on your estimated tax declaration.

MAILING INSTRUCTIONS:

- Mail to:
- | | |
|--|--|
| <input type="checkbox"/> Internal Revenue Service Center
Atlanta, Georgia 39901 | <input type="checkbox"/> with remittance
<input type="checkbox"/> without remittance |
| <input type="checkbox"/> Florida Department of Revenue
5050 W. Tennessee Street
Tallahassee, FL 32399-0140 | Use I.R.S. Federal Tax Deposit
Coupon Book and deposit at
your local depository bank |
| <input checked="" type="checkbox"/> <u>UNIFORM BUSINESS REPORT</u>
<u>DIVISION OF CORPORATIONS</u>
<u>P.O. BOX 1500</u>
<u>TALLAHASSEE, FL 32302-1500</u> | |

COMMENTS:

MAKE CHECK PAYABLE TO:
DEPARTMENT OF STATE

VERIFY THAT LINE 4 HAS THE CORRECT