

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 26, 2001 08:00 AM**
Secretary of State**DOCUMENT # P00000054517**1. Entity Name
MUNCHEESE OF MIAMI, INC.

Principal Place of Business 1800 SW 27TH AVE SUITE 202 MIAMI FL 33145	Mailing Address 1800 SW 27TH AVE SUITE 202 MIAMI FL 33145
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2. Principal Place of Business 1800 SW 27TH AVE	3. Mailing Address 1800 SW 27TH AVE
Suite, Apt. #, etc. SUITE 202	Suite, Apt. #, etc. SUITE 202

City & State MIAMI FL	City & State MIAMI FL
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Zip 33145	Country	Zip 33145	Country
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4. FEI Number ☒ Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentLOMBARDI CRESCENZO A
2929 CENTER ST

MIAMI FL 33133**7. Name and Address of New Registered Agent**Name
CUSTOM CATERING, INC.
Street Address (P.O. Box Number is Not Acceptable)
1800 SW 27TH AVE
SUITE 101
City MIAMI FL Zip Code 33145

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 **CRESCENZO A. LOMBARDI, PRES.****04/26/2001**

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 State10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	PD	☐ Delete
NAME	LOMBARDI CRESCENZO A	
STREET ADDRESS	2929 CENTER ST.	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	☒ Change ☐ Addition
NAME	LOMBARDI CRESCENZO A	
STREET ADDRESS	1800 SW 27TH AVE	
CITY-ST-ZIP	MIAMI FL 33145	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ 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: Crescenzo A. Lombardi

PD

04/26/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)