## **2001 UNIFORM BUSINESS REPORT (UBR)**

changed, or on an attach

SIGNATURE:

## May 15, 2001 8:00 am Secretary of State DOCUMENT # P0000067796 1. Entity Name 05-15-2001 90045 019 \*\*\*150.00 AGATEP AFFORDABLE CATERING SERVICES, INC. Principal Place of Business Mailing Address AUU55132 2134-38TH 9TH AVENUE NORTH 2134-38TH 9TH AVENUE NORTH ST. PETERSBURG FL 33713 ST. PETERSBURG FL 33713 2. Principal Place of Business 3. Mailing Address Suite. Ant. #. etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number 5 9 -Applied For 3659095 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE **CORAL GABLES FL 33134** 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. PD TITLE ☐ Delete TITLE MONICA A IGNACIO AGATEP, CARLOS A .JR NAME NAME 2134-38+H 9H1 AVENUE NORTH STREET ADDRESS 2134-38TH 9TH AVENUE NORTH STREET ADDRESS ST PETERS BURG FL 33713 CITY-ST-ZIP ST. PETERSBURG FL 33713 CITY-ST-ZIP STD TITLE ☐ Delete ☐ Change Addition AGATEP, YOLANDA NAME NAME 2134-38TH 9TH AVENUE NORTH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ST. PETERSBURG FL 33713 TITLE ☐ Defete ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS 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 frue 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 regeiver 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

CARLOS AGATEP JR

**FILED**