

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000068773

1. Entity Name

CATERING BY ANTONIETTE, INC.

FILED
May 09, 2002 8:00 am
Secretary of State

05-09-2002 90039 049 ***163.75

0273614 AV

Principal Place of Business

11559 S.W. 84TH LANE
MIAMI FL 33173

Mailing Address

11559 S.W. 84TH LANE
MIAMI FL 33173



2. Principal Place of Business

11559 S.W. 84th Lane
Suite, Apt. #, etc.

3. Mailing Address

11559 S.W. 84th Lane
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI FL, 33173

City & State

MIAMI

4. FEI Number

65-1032038

Applied For

Not Applicable

Zip

Country

Zip

Country

33173

Fla.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORBERA, JOSE JR
11559 S.W. 84TH LANE
MIAMI FL 33173

7. Name and Address of New Registered Agent

Name Antonietta Corbera

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

11559 S.W. 84th Lane

MIAMI

City

Florida

FL

Zip Code

33173

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

Antonietta Corbera

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, 2002 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 CORBERA, JOSE JR
STREET ADDRESS 11559 S.W. 84TH LANE
CITY-ST-ZIP MIAMI FL 33173

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME CORBERA, WILLIAM J
STREET ADDRESS 11559 S.W. 84TH LANE
CITY-ST-ZIP MIAMI FL 33173

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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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, without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/24/2001

CR2E034 (9/01)