

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

JAN 28 2008

FILED
Feb 08, 2008 08:00 AM
Secretary of State

DOCUMENT # P01000018217

1. Entity Name

HAUTE CUISINE CATERERS, INC.



Principal Place of Business

4807 S. FLAMINGO RD.
COOPER CITY FL 33330

Mailing Address

4807 S. FLAMINGO RD.
COOPER CITY FL 33330



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

4. FEI Number 65-1081487

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

BOUER, RENEE
1191 NW 100TH WAY
PLANTATION FL 33322

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME BOUER, RENEE
STREET ADDRESS 1191 NW 100TH WAY
CITY-ST-ZIP PLANTATION FL 33322

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000821246 ☐ Change ☐ Addition
02/19/08-80017-002 150.00

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CITY-ST-ZIP

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2 / 5 / 08 954 325-6341

Date

Day: the Month