

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91166 036 ***150.00

DOCUMENT # **PO1000045301** ✓
1. Entity Name **LA CUISINE CATERING Corp.**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **7504 NW 47 DR**
Suite, Apt. #, etc.
City & State **CORAL SPRINGS FL**
Zip **33067** Country **DWAP**

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

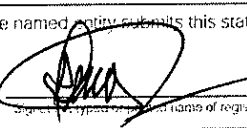
DO NOT WRITE IN THIS SPACE

4. FEI Number ☒ Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7.-Name and Address of Current Registered Agent
Name **TERESA TABORDA**
Street Address (P.O. Box Number is Not Acceptable) **10240 SW 56 ST 115**
City **MIAMI** FL Zip Code **33165**

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  (NOTE: Registered Agent signature required when reinstating)

DATE **4/30/02**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

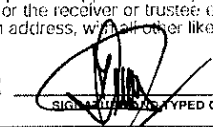
11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD CAMILO A ESCOBAR 7504 NW 47 DR CORAL SPRINGS FL 33067
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD MARIA del PILAR MOLANO 7504 NW 47 DR CORAL SPRINGS FL 33067
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:  SIGNED, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **4/30/02** (25) 598-5354
Daytime Phone #

CR2E034B (12/01)