

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90024 047 ***150.00

DOCUMENT # P01000104218

1. Entity Name
RINAT'S CATERING, INC.

Principal Place of Business

**1023 ALMERIA ROAD
 WEST PALM BEACH FL 33405**

**2385 NE 199 STREET
 MIAMI, FL 33180**

Mailing Address

**1023 ALMERIA ROAD
 WEST PALM BEACH FL 33405**

**2385 NE 199 STREET
 MIAMI, FL 33180**

2. Principal Place of Business

2385 NE 199th Street

3. Mailing Address

2385 NE 199 STR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

65-1146983

Applied For

Not Applicable

Zip

33180

Country

U.S.A.

Zip

33180

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**FINANCIAL FOUNDATIONS, INC.
 3150 SANDY RIDGE DRIVE
 CLEARWATER FL 33761**

7. Name and Address of New Registered Agent

Name

DANIEL STEINMETZ

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

2385 NE 199 Street

City

MIAMI

FL

Zip Code

33180

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

Daniel Steinmetz **TREASURER**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/17/02

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

TITLE	<input type="checkbox"/> Delete
NAME	P
STREET ADDRESS	STEINMETZ, RINAT A
CITY-ST-ZIP	1023 ALMERIA ROAD WEST PALM BEACH FL 33405
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEINMETZ, RINAT A
STREET ADDRESS	1023 ALMERIA ROAD
CITY-ST-ZIP	WEST PALM BEACH FL 33405
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TREASURER
STREET ADDRESS	STEINMETZ, DANIEL
CITY-ST-ZIP	2385 NE 199 STREET MIAMI, FL 33180
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRESIDENT
STREET ADDRESS	STEINMETZ, RINAT
CITY-ST-ZIP	2385 NE 199 STREET MIAMI, FL 33180
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

DANIEL STEINMETZ
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/17/02 561 2546831

CR2E034 (9/01)