## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

## DOCUMENT #

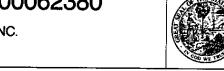
Principal Place of Business

P02000062380

Mailing Address

1. Entity Name

DAMIAN'S CREATIVE CATERING, INC.



3578 WEST 80TH ST., UNIT 203 3578 WEST 80TH ST., UNIT 203 HIALEAH FL 33018 HIALEAH FL 33018 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State 4. FE! Number 30-0085564 City & State Applied For Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LIBERTY BUSINESS SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 8204 NW 103RD ST. HIALEAH GARDENS FL 33016 City 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) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change Addition BESIL, DAMIAN NAME STREET ADDRESS 3578 WEST 80TH ST., UNIT 203 STREET ADDRESS CITY-ST-ZIP HIALEAH FL 33018 CITY-ST-ZIP TITLE ☐ Delete TITLE SECRETARY, DIRECTUR NAME NAME TERESITA RODRIGUEZ STREET ADDRESS STREET ADDRESS 3**578** WEST 80TH STREET, UNIT 203 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition

**CR2E034** 

☐ Addition

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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-7(P

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED AME OF SIGNING OFFICE

☐ Delete

Daytime Phone #

FILED

Jan 09, 2003 8:00 am Secretary of State

01-09-2003 90120 021 \*\*\*150.00