

FILED  
Mar 10, 2003 8:00 am  
Secretary of State

03-10-2003 90125 046 \*\*\*150.00

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

DOCUMENT # P02000105336

1. Entity Name  
**DAVID'S CATERING AND BANQUET CENTER, INC.**



Principal Place of Business  
2500 N. MILITARY TRAIL, STE. 480  
BOCA RATON, FL 33431

Mailing Address  
2500 N. MILITARY TRAIL, STE. 480  
BOCA RATON, FL 33431

2. Principal Place of Business  
**6501 West Commercial**  
Suite, Apt. #, etc. **Boulevard**

3. Mailing Address  
**6501 West Commercial**  
Suite, Apt. #, etc. **Boulevard**



☐ CHECK HERE IF MAKING CHANGES

City & State  
**Tamarac FL**  
Zip **33319** Country

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**Tamarac FL**  
Zip **33319** Country

4. FEI Number  
**02-0647556**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**GUASTAFESTE, CARMINE E**  
2500 N. MILITARY TRAIL, STE. 480  
BOCA RATON, FL 33431

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)  
**6501 West Commercial Boulevard**

City **Tamarac FL** Zip Code **33319**

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

ARL May 1, 2003 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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GUASTAFESTE, CARMINE E</b> <b>2500 N. MILITARY TRAIL, STE. 480</b> <b>BOCA RATON, FL 33431</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>6501 West Commercial Boulevard</b> <b>Tamarac FL 33319</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-5-03**

Date

Daytime Phone #

CR2E034 (10/02)