

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 18, 2008 8:00 am
Secretary of State

02-18-2008 90005 045 ***150.00

DOCUMENT # P04000101332

1. Entity Name

HAUTE CUISINE CATERERS OF PARKLAND, INC.



Principal Place of Business

350 EAST LAS OLAS BLVD.
SUITE 970
FORT LAUDERDALE FL 33301

Mailing Address

1191 NW 100TH WAY
PLANTATION FL 33322

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

3. Mailing Address

6750 UNIVERSITY DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

PARKLAND FL

Zip

Country

Zip

Country

33067

BROWARD

4. FEI Number

20-1588258

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/07)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OSHINSKY, LEONARD ESQ.
350 EAST LAS OLAS BLVD.
SUITE 970
FORT LAUDERDALE FL 33301

Name

PETER BOUER

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

4308 MADISON ST

City

HWY

FL

Zip Code

33021

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

Peter Bouer

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

(NOTE: Registered Agent signature required when re-registering)

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

TITLE ☐ Delete

NAME BOUER, PETER P D
STREET ADDRESS 350 EAST LAS OLAS BLVD. #970
CITY-ST-ZIP FORT LAUDERDALE FL 33301

TITLE ☐ Delete

NAME BOUER, RENEE D VP-S
STREET ADDRESS 1191 NW 100TH WAY
CITY-ST-ZIP PLANTATION FL 33322

TITLE ☐ Delete

NAME BOUER, ELLEN T
STREET ADDRESS 4308 MADISON ST
CITY-ST-ZIP HOLLYWOOD FL 33021

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Peter Bouer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #