

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 02, 2003 8:00 am
Secretary of State

DOCUMENT # P92000007775

1. Entity Name
FIRE FIGHTERS CATERING CORP.



05-05-2003 90145 042 ****61.25
06-02-2003 90202 035 ****88.75

Principal Place of Business
**8000 NW 21ST STREET
SUITE 222
MIAMI FL 33126**

Mailing Address
**8000 NW 21ST STREET
SUITE 222
MIAMI FL 33126**

80123899



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0410775**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BARBERA, DOMINICK F
8000 NW 21ST ST., STE. 222
MIAMI FL 33122**

7. Name and Address of New Registered Agent

Name **STAN HILLS**
Street Address (P.O. Box Number is Not Acceptable)
8000 NW 21ST Suite 222
MIAMI
City **FL** Zip Code **33122**

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
After 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	D	<input type="checkbox"/> Delete
NAME	PENA, ORLANDO	
STREET ADDRESS	8000 NW 21 STREET, SUITE 222	
CITY-ST-ZIP	MIAMI FL 33121	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	KRAMER, MICHAEL	
STREET ADDRESS	8000 NW 21 STREET, SUITE 222	
CITY-ST-ZIP	MIAMI FL 33122-1605	
TITLE	S	<input type="checkbox"/> Delete
NAME	RAINEY, GARY	
STREET ADDRESS	8000 NW 21 STREET, SUITE 222	
CITY-ST-ZIP	MIAMI FL 33122-1605	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	BARBERA, DOMINICK F	
STREET ADDRESS	8000 NW 21 STREET, SUITE 222	
CITY-ST-ZIP	MIAMI FL 33122	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	HILLS, STANLEY	
STREET ADDRESS	8000 NW 21 STREET, SUITE 222	
CITY-ST-ZIP	MIAMI FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WILLIAMS, TOMMY	
STREET ADDRESS	800 NW 21 STREET SUITE 222	
CITY-ST-ZIP	MIAMI FL 33122	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STAN HILLS	
STREET ADDRESS	8000 NW 21ST Suite 222	
CITY-ST-ZIP	MIAMI FL 33122	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AL CRUZ	
STREET ADDRESS	8000 NW 21ST Suite 222	
CITY-ST-ZIP	MIAMI FL 33122	
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEVEN LOWE	
STREET ADDRESS	8000 NW 21ST Suite 222	
CITY-ST-ZIP	MIAMI FL 33122	
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		

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 Required
Signature and typed or printed name of signing officer or director

4/30/03
Date

305 593 6100
Daytime Phone #

CR2034 (10/02)