

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000051860

1. Entity Name
V. B. CATERING, INC.

FILED
Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90004 042 ***150.00

Principal Place of Business
8040 NW 96TH TERR
#107
TAMARAC FL 33321

Mailing Address
8040 NW 96TH TERR
#107
TAMARAC FL 33321



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1517 GRANTHAM DRIVE
Suite, Apt. #, etc.

3. Mailing Address
1517 GRANTHAM DRIVE
Suite, Apt. #, etc.

City & State
WELLINGTON FL

City & State
WELLINGTON FL

4. FEI Number 65-0506019

Applied For
Not Applicable

Zip 33414 Country Palm Beach

Zip 33414 Country Palm Beach

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BARBERA, VINCENT
8040 NW 96TH TERR
APT-108
TAMARAC FL 33321

Name BARBERA, VINCENT
Street Address (P.O. Box Number is Not Acceptable)
1517 GRANTHAM DRIVE
City WELLINGTON FL Zip Code 33414

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME BARBERA, VINCENT
STREET ADDRESS 8040 NW 96TH TERR #107
CITY-ST-ZIP TAMARAC FL 33321

TITLE P
NAME BARBERA, VINCENT
STREET ADDRESS 1517 GRANTHAM DRIVE
CITY-ST-ZIP WELLINGTON FL, 33414

TITLE
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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: Vincent Barbera
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-01 (561) 791-2568
Date Daytime Phone #

CR2E034 (10/00)