## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P94000073402

1. Corporation Name

PINOY CATERING CORPORATION

## Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90210 014 \*\*\*150.00

						AIKI I <b>nuni</b> ikidi <b>ulu</b> i	
Principal Place	e of Business	Mailing Address			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	
10841 N.W. 24TH STREET 10841 N.W. 24TH STREET							
CORAL SPRINGS FL 33065 CORAL SPRINGS FL 33065					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed		-,.
					10/03/1994		
2. Principal Place of Business 2a. Mailing Address				_	4. FEI Number	A	pplied For
21 26					65-0523258	N	lot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					Sectificate of Status Desired Section Section 1		
22 27					5. Certificate of Status Desired	Fee R	Required
City & State City & State					6. Election Campaign Financing \$5.00 May Be		
23 28					Trust Fund Contribution		to Fees
Zíp	Zip Country Zip			,	8. This corporation owes the current year Intangible Personal Property Tax  Yes  No		No.
24	4 25 29 30			Totalian Topolity Tax.			
	9. Name and Address of Currer	ıt Registered Agent		I 51 .	10. Name and Address of New Register	ed Agent	
DUIM	IA IEEEDEV C		81	Name			
PUMA, JEFFREY C				Street Ad	ldress (P.O. Box Number is Not Acceptable)		
10841 N.W24TH STREET			83	<u> </u>			
CORAL SPRINGS FL 33065			83				
			84	City	-	85 Zip	Code
				<u></u>			
11, Pursuant	to the provisions of Sections 607.050	i2 and 607.1508, Florida Statutes, of Florida, Such change was auth	, the abov	e-named co	orporation submits this statement for the purpose ation's board of directors. I hereby accept the ap	pointment as r	egistered
agent. I a	m familiar with, and accept the obliga	itions of, Section 607.0505, Florid	a Statutes	i.		•	_
SIGNATURE							
OIGHATORE	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE: Re	egistered Age	nt signature requ	ared when reinstating) DATE		
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECT  Change	
TITLE	D					[_] Change	,
NAME	TOWA PAREEN T		1.2 NAME				
STREET ADDRESS			1.3 STREET ADDRESS				
CITY-ST-ZIP	CORAL SPRINGS FL 33065	***	1.4 CITY-ST-ZIP				
TITLE	D DELETE		2,1 TITLE			Change	Addition
NAME	PUMA, JEFFREY C		2.2 NAME				
STREET ADDRESS	RESS 10841 N.W. 24TH STREET		2.3 STREET ADDRESS				
CITY-ST-ZIP	CORAL-SPRINGS FL 33065		. 2.4 CITY-ST-ZIP		- <u> </u>		
TITLE	PVST	☐ DELETE	3.1 TITLE			☐ Change	Addition
NAME	PUMA, AMELIA Y		3.2 NAME				
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			3.4. CITY-	ST-ZIP			
TITLE			4.1 TITLE			☐ Change	e Addition
NAME	·		4. 2 NAME				
STREET ADDRESS			4.3 STREE	TADDRESS			
CITY-ST-ZIP			4.4 CITY-S	ST-ZIP			
TITLE			5.1 TITLE			☐ Change	e Addition
NAME	·		5.2 NAME	1			
STREET ADDRESS			5.3 STREE	TADDRESS			
			5.4 CITY-5				
CITY-ST-ZIP		☐ DELETE	6.1 TITLE	-		☐ Change	e Addition
	· ·	_ 522212	62 NAME				_

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**SIGNATURE:** 

STREET ADDRESS

CITY-ST-ZIP