

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000023598

1. Entity Name

P.A. CATERING, INC.

Principal Place of Business

4330 S.W. 4TH STREET  
MIAMI FL 33013

Mailing Address

4330 S.W. 4TH STREET  
MIAMI FL 33013

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 65-0231437

Applied For

Not Applicable

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

GARCIA, PABLO  
42 N.W. 85TH COURT  
MIAMI FL 33126

*Paid  
C.N. 3056  
3/20/01*

Name

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

City

FL

Zip Code

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	PD	<input type="checkbox"/> Delete
NAME	GARCIA, PABLO A	
STREET ADDRESS	4330 S.W. 4TH STREET	
CITY-ST-ZIP	MIAMI FL 33134	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	GARCIA, PABLO S	
STREET ADDRESS	42 N.W. 85TH COURT	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	STD	<input type="checkbox"/> Delete
NAME	HURTADO DE MENDOZA, AURELIO	
STREET ADDRESS	17040 S.W. 67TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

**FILED**  
**Mar 22, 2001 8:00 am**  
**Secretary of State**

03-22-2001 90022 009 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)