

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000025476

1. Entity Name

EAGLESTAR CATERING CORPORATION

FILED

May 19, 2000 8:00 am  
Secretary of State

05-19-2000 90062 034 \*\*\*150.00

Principal Place of Business

7132 SW 42ND ST  
MIAMI FL 33155

Mailing Address

7132 SW 42ND ST  
MIAMI FL 33155-4604

2. Principal Place of Business

5531 NW 112 Ave

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
104

City & State

Zip

Country

Zip

Country

City & State

MIAMI FL

Zip

33178

USA

4. FEI Number

65-0756526

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~MACHIN, ANGEL~~  
~~6850 CORAL WAY~~  
~~STE. 204~~  
~~MIAMI FL 33165~~

7. Name and Address of New Registered Agent

Name  
Juan C. Gonzalez-Aguilar

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

6850

6850 Coral Way #204

City

Miami

FL

FL

Zip Code  
33155

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]* Juan C. Gonzalez-Aguilar

4-29-2000

Signature of Current 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, 2000 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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PST  
MACHIN, ANGELA  
7132 SW 42ND ST  
MIAMI FL 33155 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
President  
Clara Victoria Pineda  
5531 NW 112 Ave #104  
Miami, FL 331 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Vice President/Secretary  
Carlos Julio Borren  
5531 NW 112 Ave #104  
Miami, FL 331 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Treasurer  
Hugo Murcia  
5531 NW 112 Ave #104  
Miami, FL 331 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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]* Clara V. Pineda, President  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-2000 662-6494

Date

Daytime Phone #

CR2E034 (9/99)