

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000045706

1. Entity Name

ELAN CATERING, INC.

FILED
Feb 20, 2000 8:00 am
Secretary of State

02-20-2000 90014 032 ***150.00

Principal Place of Business

3548 SW 1ST AVE
MIAMI FL 33145

Mailing Address

3548 SW 1ST AVE
MIAMI FL 33138-5240

2. Principal Place of Business

10350 SW 125 ST
Suite, Apt. #, etc.

3. Mailing Address

Same
Suite, Apt. #, etc.

City & State

Miami Fla

City & State

4. FEI Number

65-0754967

Applied For

Not Applicable

Zip

33176

Country

USA

Zip

Country

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

SCHWADRON, DAVID A
10350 SW 125TH ST
MIAMI FL 33176-4726

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	SCHWADRON, DAVID A	
STREET ADDRESS	10350 SW 125TH ST	
CITY-ST-ZIP	MIAMI FL 31764-4726	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BARBAREE, BRUCE T	
STREET ADDRESS	3548 SW 1ST AVE	
CITY-ST-ZIP	MIAMI FL 33145	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SCHWADRON, SHELLEY L	
STREET ADDRESS	10350 SW 125TH ST	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Barbaree, Bruce	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	818 NE 75th	
STREET ADDRESS	Miami FL 33138	
CITY-ST-ZIP		
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		
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:

Schwadron Shelly Schwadron

Date

Daytime Phone #

305-238-7727

CR2E034 (9/99)