

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000046464

1. Entity Name  
CATERED EVENTS SOUTH, INC.

**FILED**  
**Jan 30, 2001 8:00 am**  
**Secretary of State**

01-30-2001 90130 010 \*\*\*158.75

Principal Place of Business

9400 SW 87TH AVENUE  
MIAMI FL 33176

Mailing Address

9400 SW 87TH AVENUE  
MIAMI FL 33176

707491



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0757494**

Applied For

Not Applicable

Zip

Country

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

POLLAK, STEVEN  
1122 HIDDEN VALLEY WAY  
WESTON FL 33326

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 **P** ☐ Delete  
NAME **POLLAK, JEANNE**  
STREET ADDRESS **3530 MYSTIC POINT DRIVE**  
CITY-ST-ZIP **AVENTURA FL 33180**

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

TITLE **VP** ☐ Delete  
NAME **POLLAK, STEVEN**  
STREET ADDRESS **1122 HIDDEN VALLEY WAY**  
CITY-ST-ZIP **WESTON FL 33327**

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

TITLE **S** ☐ Delete  
NAME **POLLAK, MICHAEL**  
STREET ADDRESS **10108 NORTHWEST 3RD COURT**  
CITY-ST-ZIP **PLANTATION FL 33324**

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

TITLE **T** ☒ Delete  
NAME **POLLAK, SUSAN**  
STREET ADDRESS **1122 HIDDEN VALLEY WAY**  
CITY-ST-ZIP **WESTON FL 33327**

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

TITLE **VP** ☐ Delete  
NAME **KAWARSKI, CARRI**  
STREET ADDRESS **10960 NW 10TH CT**  
CITY-ST-ZIP **PLANTATION FL 33322**

TITLE ☐ Change ☐ Addition  
NAME **CARRI POLLAK (LAST NAME CHANGE)**  
STREET ADDRESS **8290 Via Serena Boca Raton, FL. 33433**  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*CARRI POLLAK* **CARRI POLLAK**

1/19/01

Date

Daytime Phone #

CR2E034 (10/00)