

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000016036

1. Entity Name  
LA CUMBIA CATERING SERVICES, INC.

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90109 006 \*\*\*150.00

Principal Place of Business  
10502 WEST FLAGLER STREET  
MIAMI FL 33174

Mailing Address  
10502 WEST FLAGLER STREET  
MIAMI FL 33174-1631

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0819942

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

BOTERO, PIEDAD  
10502 WEST FLAGLER STREET  
MIAMI FL 33174

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	P	<input type="checkbox"/> Delete
NAME	BOTERO, PIEDAD	
STREET ADDRESS	735 S.W. 98TH COURT	
CITY-ST-ZIP	MIAMI FL 33174	
TITLE	V	<input type="checkbox"/> Delete
NAME	LOPEZ, FABIO	
STREET ADDRESS	735 S.W. 98TH COURT	
CITY-ST-ZIP	MIAMI FL 33174	
TITLE	S	<input type="checkbox"/> Delete
NAME	ARBOLEDA, CARLOS I	
STREET ADDRESS	4990 NW 102 AVE #106	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE	T	<input type="checkbox"/> Delete
NAME	BOTERO, ALBERTO	
STREET ADDRESS	4990 NW 102 AVE #106	
CITY-ST-ZIP	MIAMI FL 33178	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 *Piedad Botero*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)