

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000045313

1. Entity Name

A LA CARTE SERVICES, INC.

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90147 019 ***150.00

Principal Place of Business

2509 NE 190 ST.
 N. MIAMI BEACH FL 33180

Mailing Address

2509 NE 190 ST.
 N. MIAMI BEACH FL 33180-3227

2. Principal Place of Business

421 NE 1ST ST

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

217

City & State

Hallandale FL

City & State

Zip

33009

Country

Broward

Zip

Country

4. FEI Number

65-0837328

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

SOLYMOSI, PETER
 2509 NE 190 ST.
 N. MIAMI BEACH FL 33180

7. Name and Address of New Registered Agent

Name

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

421 NE 1ST ST # 217

City

Hallandale

FL

Zip Code

33009

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

Peter Solymosi

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/25/00

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 ☐ Delete
 NAME D
 STREET ADDRESS SOLYMOSI, PETER
 CITY-ST-ZIP 2509 NE 190 ST.
 N. MIAMI BEACH FL 33180

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME D
 STREET ADDRESS PETER SOLYMOSI
 CITY-ST-ZIP 421 NE 1ST ST APT 217
 HALLANDALE FL 33009

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

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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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:

Peter Solymosi
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/00

Date

(954) 4577455

Daytime Phone #

CAZ E034 (9/99)