

FILED
Jul 04, 2002 8:00 am
Secretary of State

05-27-2002 90436 025 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000045313**

1. Entity Name

A LA CARTE SERVICES INC**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

421 NE 1ST ST

3. Mailing Address

Suite, Apt. #, etc.

UNIT 217

Suite, Apt. #, etc.

City & State

HALLANDALE FL

City & State

Zip

33009

Country

Zip

Country

4. FEI Number

65-0837328

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

7. Name and Address of Current Registered Agent

Name **Peter Solymosi**

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

1571 Amanda StreetCity **Hollywood**

FL

Zip Code

33020**DO NOT WRITE
IN THIS SPACE**

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)

3-14-02

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1. Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
**PTSD
 SOLYMOSI, PETER
 421 NE 1ST STREET # 217
 HALLANDALE FL 33009**

TITLE
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CITY-ST-ZIP

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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 on an attachment with an address, with all other the empowered.

SIGNATURE:

Peter Solymosi

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-02

Date

954-438-2467

Daytime Phone #

CR2E034B (12/01)

Please take a note about my new address and ph# 954-923-2645