

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 29, 2001 08:00 AM
Secretary of State

DOCUMENT # P98000088278

1. Entity Name
CUSTOM CATERING, INC.

Principal Place of Business
2929 CENTER STREET
COCONUT GROVE FL 33133

Mailing Address
2929 CENTER STREET
COCONUT GROVE FL 33133

2. Principal Place of Business
1800 SW 27TH AVE

3. Mailing Address
1800 SW 27TH AVE

Suite, Apt. #, etc.
SUITE 101 & 202

Suite, Apt. #, etc.
SUITE 101

City & State
MIAMI FL

City & State
MIAMI FL

Zip
33145

Zip
33145

4. FEI Number
65-0867613

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LOMBARDI CRESCENZO A
2929 CENTER STREET
COCONUT GROVE FL 33133

7. Name and Address of New Registered Agent

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 04/29/2001

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	TS			
	RUSSELL JOAN	11440 N BAYSHORE DR	MIAMI FL 33181	
	P			
	LOMBARDI CRESCENZO A	2929 CENTER STREET	COCONUT GROVE FL 33133	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	VP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
	HILLER ANTHONY	5905 MICHELANGELO ST	CORAL GABLES FL 33146			

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: Crescenzo A. Lombardi

PD 04/29/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)