

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED

02 FEB 26 AM 10:47

DOCUMENT # P98000099460

1. Entity Name

CULINARY ARTS CATERING, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3628 N.E. 2nd Avenue

3. Mailing Address
3628 N.E. 2nd Avenue

Suite, Apt. #, Etc.

Suite, Apt. #, Etc.

DO NOT WRITE IN THIS SPACE

City & State
Miami, FL

City & State
Miami, FL

4. FFI Number
65-0891601

Applied for
Not Applicable

Zip
33137

Country
USA

Zip
33137

Country
USA

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

7. Name and Address of Current Registered Agent

Name
Barton G. Weiss

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

3628 N.E. 2nd Avenue

City
Miami

FL

Zip Code
33137

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IN THIS SPACE

8. This 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 signor and title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

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

January 1st, 2002
Annual Florida Fee is \$150.00
April 1st, 2002
Annual Florida Fee is \$150.00
Amended UBR is \$67.25
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-STATE-ZIP
Pres., Secretary, Treasurer, Dir.
Weiss, Barton
3628 N.E. 2nd Avenue
Miami, FL 33137

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
600005074006
03/08/02-01076-001
***150.00 ***150.00

TITLE
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CITY-STATE-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 like empowered.

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

Barton Weiss, President 01/30/02 (305) 576-8888

(Use

Number _____)

CR2E034B (12/01)

85

Charter Number Only

2/25/02

Terminello & Terminello

Requestor's Name
2700 S.W. 37th Ave

Address
Miami, FL 33133

City State ZIP Phone

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CORPORATION(S) NAME

Culinary Arts Catering, Inc.

- Profit
- NonProfit
- Foreign
- Limited Partnership
- Reinstatement
- Certified Copy
- Call When Ready
- Walk In
- Amendment
- Dissolution
- Annual Report
- Reservation
- Photo Copies
- Call If Problem
- Will Wait
- Merger
- Mark
- Other
- Change of Registered Agent
- Certificate Under Seal
- After 4:30
- Pick Up
- Mail Out

Name
Availability
Document
Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

RECEIVED
 02 FEB 26 AM 9:35
 DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA


 Empire Toll Free: 1-800-432-3028