

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000104559

1. Entity Name

PRESTIGE CATERING, INC.

Principal Place of Business

Mailing Address

3200 N PORT ROYALE DR. #1703  
FT LAUDERDALE FL 33308

3200 N PORT ROYALE DR. #1703  
FT LAUDERDALE FL 33308-7807

FILED

00 MAR 10 AM 9:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1903 E. ATLANTIC BLVD

1903 E. ATLANTIC BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Pompano Beach FL

Pompano Beach FL

Zip

Country

Zip

Country

33060

Broward

33060

Broward

4. FEI Number

Applied For

05-0879657

Not Applicable

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

CASTORINA, KAREN  
3200 N PORT ROYALE DR, #1703  
FT LAUDERDALE FL 33308

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

*[Signature]*

KAREN CASTORINA V.P.

2/14/00

(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, 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Pres  
ELISA FRANCO  
2316 INTRACOASTAL DR.  
Ft. Lauderdale, FL 33305

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Change Addition  
0000003178580-1

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V.P.  
KAREN CASTORINA  
" " "

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Change Addition  
-03/21/00-01100-021  
\*\*\*\*150.00 \*\*\*\*150.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Change Addition

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 or other like empowered.

SIGNATURE:

*[Signature]* KAREN CASTORINA V.P. 2/14/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)