

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000024406

1. Entity Name

Club Caterers, Inc.

Principal Place of Business

Mailing Address

600 S.W. 92 Avenue  
Miami, FL 33174-2314

same

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0911128

Applied For

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

Rosa Maria Carreras  
5910 S.W. 8 Street  
Miami, FL 33144

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, 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	<input type="checkbox"/> Delete
President	Rosa Maria Carreras	5910 S.W. 8 Street	Miami, FL 33144	<input type="checkbox"/>
Treasurer	Anthony P. Elias	5910 S.W. 8 Street	Miami, FL 33144	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

13. I hereby certify that the information supplied with this filing does not qualify for the exemption indicated on this report or supplemental report is true and accurate and that my signature shows the 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 an officer or director, changed, or on an attachment with an address, with all other like empowerments.

tion 119.07(3)(i), Florida Statutes. I further certify that the information is the 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 an officer or director, changed, or on an attachment with an address, with all other like empowerments.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**PLEASE SIGN,  
DATE & MAIL**  
Anthony P. Elias

Date

Daytime Phone #

**FILED**  
**May 17, 2000 8:00 am**  
**Secretary of State**

05-17-2000 90948 034 \*\*\*150.00

100836

DO NOT WRITE IN THIS SPACE

4-21-00 (PS) 559-2111