

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000024406**

1. Entity Name

CLUB CATERERS, INC.**FILED**
Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90140 045 ***150.00

C0009156

DO NOT WRITE IN THIS SPACE

Principal Place of Business 5910 SW 8TH STREET MIAMI FL 33144	Mailing Address 5910 SW 8TH STREET MIAMI FL 33144
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2. Principal Place of Business 600 S.W. 92 Avenue	3. Mailing Address 5601 Collins Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc. M-12

City & State Miami, FL	City & State Miami Beach, FL
Zip 33174	Zip 33140
Country	Country

4. FEI Number 65-0911128	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CARRERA, ROSA MARIA 5910 SW 8TH STREET MIAMI FL 33144

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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 State10. 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	D CARRERAS, ROSA MARIA 5910 SW 8TH STREET MIAMI FL 33144 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELIAS SANTOS, HAYDEE 5910 SW 8TH STREET MIAMI FL 33144 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELIAS, ANTHONY 5910 SW 8TH STREET MIAMI FL 33144 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MENENDEZ, RAMIRO R 5910 SW 8TH STREET MIAMI FL 33144 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TRUJILLO, HEIDI 5910 SW 8TH STREET MIAMI FL 33144 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 another like empowered.

SIGNATURE:*Rosa M. Carreras***Rosa M. Carreras**

Date

1/15/01 (305) 261-2001

Daytime Phone #

CR2E034 (11/01/00)

0179523