

2002 **FOR PROFIT CORPORATION**
UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2002 8:00 am
Secretary of State

02-24-2002 90002 044 ***150.00

DOCUMENT # P99000024406

1. Entity Name

CLUB CATERERS, INC.

DO NOT WRITE IN THIS SPACE

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

4. FEI Number

65-0911128

Applied For

Not Applicable

Zip

33174

Country

Zip

33140

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Carrera, Rosa Maria

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

5910 S.W. 8th Street

City

Miami

FL

Zip Code

33144

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 DP
NAME Carreras, Rosa Maria
STREET ADDRESS 5910 SW 8th Street
CITY-ST-ZIP Miami, FL 33144

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DS
NAME Elias Santos, Haydee
STREET ADDRESS 5910 SW 8th Street
CITY-ST-ZIP Miami, FL 33144

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DT
NAME Elias, Anthony
STREET ADDRESS 5910 SW 8th Street
CITY-ST-ZIP Miami, FL 33144

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DV
NAME Menendez, Ramiro R.
STREET ADDRESS 5910 SW 8th Street
CITY-ST-ZIP Miami, FL 33144

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DS
NAME Trujillo, Heidi
STREET ADDRESS 5910 SW 8th Street
CITY-ST-ZIP Miami, FL 33144

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rosa M. Carreras

Date

Daytime Phone #

2/12/02 (305) 2612001

CR2E034B (12/01)