

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 21, 2001 08:00 AM**
Secretary of State**DOCUMENT # P99000055754**1. Entity Name
FLORIDA CATERING-SERVICES, INC.

Principal Place of Business

11865 SW CORAL WAY

E-1

MIAMI

33175

FL

Mailing Address

11865 SW CORAL WAY

E-1

MIAMI

33175

FL

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

65-0937623

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CANTERA EDUARDO ESQ
1762 CORAL WAY

MIAMI

33145

US

FL

7. Name and Address of New Registered Agent

Name

JESUS GUEVARA

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

11865 CORAL WAY

City

MIAMI

FL

Zip Code
33175

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 **JESUS GUEVARA****03/21/2001**

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, 2001 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

TITLE SD ☒ Delete
NAME SOLORZANO FERNANDO
STREET ADDRESS 5524 NW 114 AVE #106
CITY-ST-ZIP MIAMI FL 33178TITLE VP ☐ Delete
NAME RUIZ REINALD
STREET ADDRESS 11865 SW CORAL WAY
CITY-ST-ZIP MIAMI FL 33175TITLE PD ☐ Delete
NAME GUEVARA JESUS
STREET ADDRESS 211 SW 120 AVENUE
CITY-ST-ZIP PEMBROKE PINES FL 33025TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 all other like empowered.

SIGNATURE: **JESUS GUEVARA**

PD

03/21/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)