

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000067346

1. Entity Name

THE CORPORATE GOURMET CATERING COMPANY

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90061 027 ***150.00

Principal Place of Business

1531 PALERMO DR.
 WESTON FL 33327

Mailing Address

1531 PALERMO DR.
 WESTON FL 33327-1907

2. Principal Place of Business

9119 TAFT ST.
 Suite, Apt. #, etc.
 Pembroke Pines FL

City & State
 33024 U.S.A.

Zip Country

3. Mailing Address

9119 TAFT ST.
 Suite, Apt. #, etc.
 Pembroke Pines FL

City & State
 33024 U.S.A.

Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0940911

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

MOREO, GLEN N
 1531 PALERMO DR.
 WESTON FL 33327

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

4-29-00

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

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change

☒ Addition

PRES.
 GLEN N. MOREO
 1531 PALERMO DR.
 WESTON FL 33327

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change

☒ Addition

SEC. / TRES.
 DENISE ANN MOREO
 1531 PALERMO DR.
 WESTON FL 33327

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
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☐ 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-29-00

CR2E034 (9/99)