

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000067346

1. Entity Name

THE CORPORATE GOURMET CATERING COMPANY

FILED

May 03, 2001 8:00 am
Secretary of State

05-03-2001 90031 026 ***150.00

Principal Place of Business

9119 TAFT ST.
PEMBROKE PINES FL 33024

Mailing Address

9119 TAFT ST.
PEMBROKE PINES FL 33024

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 65-0940911

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 GLEN N. MOREO

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

1931 N.W. 105TH TERR.

City Pembroke Pines FL

Zip Code 33026

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

4-24-01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME MOREO, GLEN N
STREET ADDRESS 1531 PALERMO DR.
CITY-ST-ZIP WESTON FL 33327

TITLE P ☒ Change ☐ Addition
NAME GLENN MOREO
STREET ADDRESS 1931 NW 105TH TERR
CITY-ST-ZIP PEMBROKE PINES FL 33024

TITLE ST ☐ Delete
NAME MOREO, DENISE A
STREET ADDRESS 1531 PALERMO DR.
CITY-ST-ZIP WESTON FL 33327

TITLE ST ☐ Change ☐ Addition
NAME DENISE A MOREO
STREET ADDRESS 1931 NW 105TH TERR
CITY-ST-ZIP PEMBROKE PINES FL 33024

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GLEN MOREO

Date

Daytime Phone #

4-24-01 (954) 443-8900

CR2E034 (10/00)