

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2003 8:00 am**  
**Secretary of State**

05-14-2003 90128 041 \*\*\*150.00

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**DOCUMENT # P99000067346**

1. Entity Name  
**THE CORPORATE GOURMET CATERING COMPANY**



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  
**8221 South Palm Dr. 8221 South.**

3. Mailing Address

**Palm Dr.**

City & State  
**Pembroke Pines**

City & State  
**Pembroke Pines**

Zip  
**33025**

Country  
**USA**

Zip  
**33025**

Country  
**USA**

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

**MOREO, GLEN N  
1931 NW 105TH TERRACE  
PEMBROKE PINES FL 33026**

7. Name and Address of New Registered Agent

Name

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

**10620 NW 22nd ST.**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE  
**P**  
NAME  
**MOREO, GLEN N.**  
STREET ADDRESS  
**1931 NW 105TH TERRACE**  
CITY-ST-ZIP  
**PEMBROKE PINES FL 33024**

TITLE  
**ST**  
NAME  
**MOREO, DENISE A**  
STREET ADDRESS  
**1931 NW 105TH TERRACE**  
CITY-ST-ZIP  
**PEMBROKE PINES FL 33024**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**10620 NW 22nd ST.  
Pembroke Pines FL 33026**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**10620 NW 22nd ST.  
Pembroke Pines FL 33026**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4-16-03 954-983-8221**

CR2E034 (10/02)