

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000067600

1. Entity Name

MOM'S CATERING, INC.

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90021 007 ***150.00

Principal Place of Business

Mailing Address

270 WEST 26TH STREET
HIALEAH FL 33010

270 WEST 26TH STREET
HIALEAH FL 33010-1510

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

Applied For

Hialeah FL

Hialeah FL

65-0937513

Not Applicable

Zip

Country

Zip

Country

33012

33012

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

PEREZ, MARIO J
270 WEST 26TH STREET
HIALEAH FL 33010

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

Mario Perez *Mario Perez President* 1/18/00
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, 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 ☐ Delete

TITLE ☐ Change ☐ Addition

NAME PEREZ, MARIO J
STREET ADDRESS 270 WEST 26TH STREET
CITY-ST-ZIP HIALEAH FL 33010

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

TITLE ☐ Change ☐ Addition

NAME MESA, ORLANDO JR.
STREET ADDRESS 270 WEST 26TH STREET
CITY-ST-ZIP HIALEAH FL 33010

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Mario Perez *Mario Perez President* 1/18/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #