

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000085307

1. Entity Name

AL GUSTO CATERING, CORP.

**FILED**  
**May 22, 2000 8:00 am**  
**Secretary of State**

05-22-2000 90021 017 \*\*\*150.00

Principal Place of Business

Mailing Address

4680 SW 11 ST.  
 MIAMI FL 33134

4680 SW 11 ST.  
 MIAMI FL 33134-2527

2. Principal Place of Business

3. Mailing Address

28 N.W. 47TH AVE.

28 N.W. 47TH AVE.

Suite, Apt. #, etc.

MIAMI, FLORIDA

Suite, Apt. #, etc.

MIAMI, FLORIDA

City & State

City & State

4. FEI Number

65-0950005

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
 Fee Required

Zip

Country

33126-5210

DADE

Zip

Country

33126-5210

DADE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PEREZ, WILLY J  
 4680 SW 11 ST.  
 MIAMI FL 33134

Name

PEREZ, Willy J.

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

28 N.W. 47TH AVE.

City

MIAMI

FL

Zip Code

33126

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

APRIL 28, 2000

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 PD  
 NAME PEREZ, WILLY J  
 STREET ADDRESS 4680 SW 11 ST.  
 CITY-ST-ZIP MIAMI FL 33134 ☐ Delete

TITLE PRESIDENT  
 NAME PEREZ, Willy J.  
 STREET ADDRESS 28 N.W. 47TH AVE.  
 CITY-ST-ZIP MIAMI, FL 33126-5210 ☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

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 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ 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 #

4-28-00 (305) 461-5050

CR2E034 19/99