FILED
Aug 06, 2002 8:00 am
Secretary of State

07-08-2002 90229 001 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000085307

1. Entity Name
ALGUSTO CATERING, CORP.

DO NOT WRITE IN THIS SPACE

40780

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4301 S.W. 13ST.	4301 S.W. 13ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI FLORIDA	City & State: MIAMI FLORIDA
Zip: 33134 Country: MIAMI-DADE	Zip: 33134 Country: MIAMI DADE

4. FEI Number: 65-0950005 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: MARIE J. MUÑOZ

Street Address (P.O. Box Number is Not Acceptable): 5.5. 4301 S.W. 13TH STREET

City: MIAMI FL Zip Code: 33134

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] - Director — 07/31/2002

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)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	PRESIDENT	TITLE	
NAME	Willy J. PEREZ	NAME	
STREET ADDRESS	5331 S.W. 6TH STREET	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, Fl. 33134	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] WILLY J. PEREZ 6/26/02 305-461-5050

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #