2000 UNIFORM BUSINESS REPORT (UBA)

FILED Apr 22, 2000 8:00 am Secretary of State DOCUMENT # **P94000066921** 1. Entity Name A & L CATERING, INC. 04-22-2000 90071 032 ***150.00 Principal Place of Business Mailing Address 7000 W. ATLANTIC AVE. 7000 W. ATLANTIC AVE. DELRAY BEACH FL 33446-1602 DELRAY BEACH FL 33446 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 65-0520127 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HIRSCHHORN, LANCE Street Address (P.O. Box Number is Not Acceptable) 7000 W. ATLANTIC AVE. **DELRAY BEACH FL 33446** Zip Code City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE Change ☐ Addition TITLE jiga Celeta HIRSCHHORN, LANCE NAME NAME STREET ADDRESS STREET ADDRESS 7000 W. ATLANTIC AVE. CITY-ST-ZIP CUTY-ST-7IP **DELRAY BEACH FL 33446** Change Addition ☐ Delete TITLE HIRSCHHORN, ARLENE NAME STREET ADDRESS 7000 W. ATLANTIC AVE. STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DELRAY BEACH FL 33446 Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR