

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L86221

1. Entity Name  
**REEDS CATERING INCORPORATED**

**FILED**  
**Jan 08, 2001 8:00 am**  
**Secretary of State**

01-08-2001 90036 001 \*\*\*150.00

Principal Place of Business

**WYFRONT PARK  
01 N. BISCAYNE BLVD  
MIAMI FL 33132**

Mailing Address

**1365 SABAL TRL  
WESTON FL 33327  
US**

2. Principal Place of Business

**SUNRISE MUSICAL THEATER**

Suite, Apt. #, etc.

**5555 NW 95th AVE**

City & State

**SUNRISE, FLORIDA**

Zip

**33351**

Country

**USA**

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **65-0201869**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**BERNARDO, REED  
2941 SW 87 AVE  
STE 405  
DAVIE FL 33328**

7. Name and Address of New Registered Agent

Name **BENARDO REED**

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

**1365 SABAL TRAIL**

City **WESTON**

**FL**

Zip Code **33327**

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

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, 2001 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

TITLE **D**  
NAME **BERNARDO, REED**  
STREET ADDRESS **1365 SABAL TRL**  
CITY-ST-ZIP **WESTON FL 33327**

☐ Delete

TITLE **V**  
NAME **BERNARDO, CHARI**  
STREET ADDRESS **1365 SABAL TRL**  
CITY-ST-ZIP **WESTON FL 33327**

☐ Delete

TITLE  
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STREET ADDRESS  
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
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CITY-ST-ZIP

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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 #

**JAN 3 - 2001 954 602 1067**

CR2E034 (10/00)