

2001 UNIFORM BUSINESS REPORT (UBR)

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

01-08-2001 90036 001 ***150.00

DOCUMENT # L86221

1. Entity Name
REEDS CATERING INCORPORATED

Principal Place of Business DAYFRONT PARK 01 N. BISCAYNE BLVD MIAMI FL 33132 US	Mailing Address 1365 SABAL TRL WESTON FL 33327 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business SUNRISE MUSICAL THEATER Suite, Apt. #, etc. 5555 NW 95th AVE City & State SUNRISE, FLORIDA Zip 33351	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country USA
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4. FEI Number 65-0201869	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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 _____ (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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERNARDO, REED 1365 SABAL TRL WESTON FL 33327	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: _____ DATE: **JAN 3 - 2001** DAYTIME PHONE #: **954 602 1067**

CR2E034 (10/00)