

1/11/01

2001 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 09, 2001 8:00 am Secretary of State

01-11-2001 90025 014 ***150.00

DOCUMENT # J69006

1. Entity Name

PALM CATERERS OF HOLLYWOOD, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

% JANET FRIEDMAN
5100 SHERIDAN ST
HOLLYWOOD FL 33021

% JANET FRIEDMAN
5100 SHERIDAN ST
HOLLYWOOD FL 33021

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0029430**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HEIKEN, SCOTT
5100 SHERIDAN ST
HOLLYWOOD FL 33021

Name

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

City

FL

Zip Code

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: P
NAME: HEIKEN, SCOTT
STREET ADDRESS: 2345 NE 199 ST
CITY-ST-ZIP: N. MIAMI BCH. FL

TITLE: ST
NAME: FRIEDMAN, STUART
STREET ADDRESS: 10609 WHEELHOUSE CIR
CITY-ST-ZIP: BOCA RATON FL

TITLE: V
NAME: KAUFMAN, ERIC
STREET ADDRESS: 20634 NE 9TH CT
CITY-ST-ZIP: N. MIAMI FL

TITLE: [Blank]
NAME: [Blank]
STREET ADDRESS: [Blank]
CITY-ST-ZIP: [Blank]

TITLE: [Blank]
NAME: [Blank]
STREET ADDRESS: [Blank]
CITY-ST-ZIP: [Blank]

TITLE: [Blank]
NAME: [Blank]
STREET ADDRESS: [Blank]
CITY-ST-ZIP: [Blank]

TITLE: [Blank]
NAME: [Blank]
STREET ADDRESS: [Blank]
CITY-ST-ZIP: [Blank]

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NAME: [Blank]
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CITY-ST-ZIP: [Blank]

TITLE: [Blank]
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STREET ADDRESS: [Blank]
CITY-ST-ZIP: [Blank]

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STREET ADDRESS: [Blank]
CITY-ST-ZIP: [Blank]

TITLE: [Blank]
NAME: [Blank]
STREET ADDRESS: [Blank]
CITY-ST-ZIP: [Blank]

TITLE: [Blank]
NAME: [Blank]
STREET ADDRESS: [Blank]
CITY-ST-ZIP: [Blank]

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 officers empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Brad Friedman 1/5/01 954 983 5338
Date Daytime Phone #

Scott Heiken 2/2/01 954 983-5229
Date Daytime Phone #

PR2EG34 (10/00)