

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2003 8:00 am
Secretary of State

05-01-2003 90361 001 ***150.00

DOCUMENT # 318198

1. Entity Name
CATERING BY DAVID LYNN INC



55043000

Principal Place of Business 1501 NW 3RD ST
816 NW 11TH STREET
MIAMI FL 33136-3108
MIAMI 33126
7B

Mailing Address
P.O. BOX 351090
MIAMI FL 33135-1090



2. Principal Place of Business
1501 NW 3RD ST 7B

3. Mailing Address

Suite, Apt. #, etc.
MIAMI 33126

Suite, Apt. #, etc.

City & State
MIAMI

City & State

Zip FL

Country MIAMI
DADE

Zip

Country

4. FEI Number 59-1167525

Applied For
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LYNN, RICHARD
840 NW 44TH ST
MIAMI FL 33136

1401 NW N RIVER DR
PO BOX 351090
33135
MIAMI, FL 33125

Name LYNN, RICHARD
Street Address (P.O. Box Number is Not Acceptable)
CHANGE ADDRESS
City MIAMI FL Zip Code 33135

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE TO
NAME LYNN, ROSE
STREET ADDRESS P.O. BOX 351090
CITY-ST-ZIP MIAMI FL 33135-1090

TITLE PD
NAME LYNN, RICHARD
STREET ADDRESS P.O. BOX 351090
CITY-ST-ZIP MIAMI FL 33135-1090

TITLE VDS
NAME LYNN, KATHRYN
STREET ADDRESS P.O. BOX 351090
CITY-ST-ZIP MIAMI FL 33135-1090

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

12. 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 10 or Block 11 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 #

4/29/03 3057991675

CR2E034 (10/02)