## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # 460538

1. Corporation	OOD CATERERS, INC.	0						
Principal Place	e of Business	Mailing Address			I 18815) SIGIO BINE BRIEF BRION (1101 1011	Piller miller miner n	1811 91911 01811 1891	
1000 E. 16TH S HIALEAH FL 33	1000 E. 16TH ST. HIALEAH FL 33010			DO NOT WRITE IN	THIS SPACE			
					3. Date Incorporated or Qualifed 09/03/1974			
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		Applied For	
21		26		59-1549572		Not Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	— · · · ·		5. Certificate of Status Desired	7	5 Additional e Required	
City & State		City & State	<del></del>		6. Election Campaign Financing Trust Fund Contribution			
Zip	Country Zip		Countr	у	8. This corporation owes the current year Intangible Personal Property Tax.		_	
24	25 29 30		0				∐No	
Name and Address of Current Registered Agent					10. Name and Address of New Regist	ered Agent		
NADELMANI CHELDON				1 Name				
NADELMAN, SHELDON			8:	2 Street Add	ress (P.O. Box Number is Not Acceptable)			
2011 N.E. 207TH STREET N MIAMI BEACH FL 33179			-		The second secon		<u> </u>	
N MIAMI DEACH FL 331/9			8:	3				
	•		84	17		FL 85	Zip Code	
11. Pursuant office or ragent. I a	to the provisions of Sections 607. registered agent, or both, in the St im familiar with, and accept the ob	0502 and 607.1508, Florida Statutes ate of Florida. Such change was aut ligations of, Section 607.0505, Florid	, the abo horized b la Statute	ve-named cor y the corporat s.	rporation submits this statement for the purporation's board of directors. I hereby accept the	se of changing appointment a	g its registered is registered	
SIGNATURE					ired when reinstating) DA	тс		
Oignation, types of plants and the second of				ent signature requi	ADDITIONS/CHANGES TO OFFICE		CTORS IN 12	
12. TME	P	DELETE	1,1 TITLE		ADDITIONO OF TAXABLE	Chai		
NAME	NADELMAN, SCOTT		1.2 NAME			· ·		
1	21011 NE 25TH CT			ET ADDRESS		• .		
STREET ADDRESS	N MIAMI BCH FL		1.4 CITY-					
CITY-ST-ZIP TITLE	S	☐ DELETE	2.1 TITLE			☐ Cha	nge Additio	
	NADELMAN, PHYLLIS		2.2 NAME				•	
NAME	ARALLE ARTHURT			ET ADDRESS				
STREET ADDRESS	N. MIAMI BCH FL	i i		-ST-ZIP				
CITY-ST-ZIP	14. MICHAEL BOTT L	☐ DELETE	3.1 TITLE			☐ Cha	nge 🗌 Additio	
NAME			3.2 NAME					
STREET ADDRESS				ET ADDRESS	an applicate from the control of the	-4	i ne a di di ve	
			3.4. CITY			e per deg		
CITY-ST-ZIP		☐ DELETE	4.1 TITLE			☐ Cha	nge Additio	
		<del></del>	4.2 NAM					

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

□ DELETE

☐ DELETE

SIGNATURE

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-99 305 877- 7863

Change

Change

☐ Addition

Addition

**FILED** 

Feb 11, 1999 8:00am

**Secretary of State** 

02-11-1999 90055 040 \*\*\*150.00

CR2E034 (11/98)