

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 674286

1. Entity Name

CATERING HYGIENE SERVICES, INC.

FILED

02 OCT 24 PM 4:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1400 S.W. 32nd Ct.

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, Fl.

City & State

4. FEI Number

59-2016846

Applied For

Not Applicable

Zip

33315

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Kretsedemas Alexander

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

1400 S.W. 32nd / Ct.

City

Ft. Lauderdale

FL

Zip Code
33315

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME

P

STREET ADDRESS
CITY-ST-ZIP

Kretsed3mas Alexander
7191 E. Tropical Way
Plantation, Fl. 33317

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

300008569523
10/24/02--01045--019 **150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VTS

Rivenbark, Mac

1400 S.W. 32nd Court

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Ft. Laud., Fl. 33315

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

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 on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALEXANDER KRETSEDEMAS

Date

Daytime Phone #

10/24/02

954 791-1247

CR2E034B (12/01)

Catering Hygiene Services, Inc.
1400 S.W. 32nd Court
Ft. Lauderdale, Florida 33315

To Whom It May Concern:

10/21/02

Enclosed please find a check of the amount \$ 150.00 for the 2002 Uniform BusinessReport for the year 2002. This form was sent to us by your office, upon our request a few days ago, because we had not received the usual annual form. Perhaps it was misplaced because we did change address this year as you can see above.

We completed the enclosed form with a check of 150.00, as instructed by your office.

Thank you


Alexander Kretsedemas
President