

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 25, 2005 8:00 am
Secretary of State

08-25-2005 90003 034 ***150.00

DOCUMENT # 674286

1. Entity Name
CATERING HYGIENE SERVICES, INC.



Principal Place of Business
**3400 S.W. 26TH TERRACE
A-6
FT LAUDERDALE, FL 33312**

Mailing Address
**P.O. BOX 5243
FT. LAUD., FL 33310**

50063367



08052005 Chg-P CR2E034 (10/03)

4. FEI Number
59-2016846

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**KRETSMEDAS, ALEXANDER
3400 S.W. 26TH TERRACE
A-6
FT LAUDERDALE, FL 33312**

7. Name and Address of New Registered Agent

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

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees** -In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	KRETSEDEMAS, ALEXANDER	
STREET ADDRESS	7191 E TROPICAL WAY	
CITY-ST-ZIP	PLANTATION, FL 33317	
TITLE	VTS	<input type="checkbox"/> Delete
NAME	RIVENBARK, MAC	
STREET ADDRESS	1400 SW 32ND CT	
CITY-ST-ZIP	FT LAUDERDALE, FL 33315	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 the empowered.

SIGNATURE: Alexander Kretsedemas **ALEXANDER KRETSEDEMAS** 8/22/05 410-8579
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

674284

7-27-05

50063367

TO: DIVISION OF CORPORATIONS

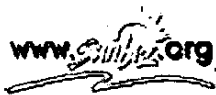
FROM: CATERING HYGIENE SERVICES INC

F E I Number 592016846

Please be advised that
we did not receive notice
of renewal.

Sincerely

Alexander N. Kothelauer
President

**ATTACHMENT** 50063367
Division of Corporations**Annual Report****Annual Report Help**

Document Number

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Business Entity Name

CATERING HYGIENE SERVICES, INC.

~~X~~ After May 1st of each year, a late charge of \$400.00 is imposed, except in circumstances in which the entity did not receive prior notice. Please check this box if filing after May 1st and notice was not received.

FEI Number

592016846

FEI Number Status

☐ Applied For ☐ Not Applicable ☒ Current

Certificate of Status Desired

☐ Yes ☒ No \$8.75 eachElection Campaign Financing Trust Fund Contribution ☐ Yes ☒ No**Principal Place of Business**

Address

3400 S.W. 26TH TERRACE

Suite, Apt. #, etc.

A-6

City, State

FT LAUDERDALE

FL

Zip Code & Country

33312

Mailing Address

Address

P.O. BOX 5243

Suite, Apt. #, etc.

City, State

FT. LAUD.

FL

Zip Code & Country

33310

Name And Address of Registered Agent

Name (Last, First, Middle, Title)

KRETSMEDAS

ALEXANDER

-or- RA Business Name

Address (PO Box is not acceptable)

3400 S.W. 26TH TERRACE

Suite, Apt. #, etc.

A-6

City, State

FT LAUDERDALE

FL

Zip Code & Country

33312

US

If there is a change in registered agent, the new agent will need to type their name

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ATTACHMENT 674280

in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes.

Officer/Director Name And Address

Title	<input type="text" value="P"/>			
Name (Last, First, Middle, Title)	<input type="text" value="KRETSEDEMAS"/>	<input type="text" value="ALEXANDER"/>	<input type="text"/>	<input type="text"/>
-or- Entity Name	<input type="text"/>			
Street Address	<input type="text" value="7191 E TROPICAL WAY"/>			
City, State	<input type="text" value="PLANTATION"/>	<input type="text" value="FL"/>		
Zip Code & Country	<input type="text" value="33317"/>	<input type="text"/>		
Title	<input type="text" value="VTS"/>			
Name (Last, First, Middle, Title)	<input type="text" value="RIVENBARK"/>	<input type="text" value="MAC"/>	<input type="text"/>	<input type="text"/>
-or- Entity Name	<input type="text"/>			
Street Address	<input type="text" value="1400 SW 32ND CT"/>			
City, State	<input type="text" value="FT LAUDERDALE"/>	<input type="text" value="FL"/>		
Zip Code & Country	<input type="text" value="33315"/>	<input type="text"/>		
Title	<input type="text"/>			
Name (Last, First, Middle, Title)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
-or- Entity Name	<input type="text"/>			
Street Address	<input type="text"/>			
City, State	<input type="text"/>	<input type="text"/>		
Zip Code & Country	<input type="text"/>	<input type="text"/>		
Title	<input type="text"/>			
Name (Last, First, Middle, Title)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
-or- Entity Name	<input type="text"/>			
Street Address	<input type="text"/>			
City, State	<input type="text"/>	<input type="text"/>		
Zip Code & Country	<input type="text"/>	<input type="text"/>		
Title	<input type="text"/>			
Name (Last, First, Middle, Title)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
-or- Entity Name	<input type="text"/>			
Street Address	<input type="text"/>			

ATTACHMENT

50063367
674280

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

P

Officer/Director Signature

Alexander Kretselema (Alexander Kretselema S)

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

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