FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90118 042 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 674286

1. Entity Name

CATERING HYGIENE SERVICES, INC.

10063159

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1400 S.W. 32 CT	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: FT. LAUDERDALE, FL	City & State
Zip: 33315 Country: BROWARD	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2016846 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: KRETSEDEMAS, ALEXANDER

Street Address (P.O. Box Number is Not Acceptable): 1400 S.W. 32 CT

City: FT. LAUDERDALE, **FL** Zip Code: 33315

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

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	(P) KRETSEDEMAS, ALEXANDER 7191 E. TROPICAL WAY PLANTATION, FL 33317	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(VTS) RIVENBARK, MAC 1400 S.W. 32 CT FT. LAUDERDALE, FL 33315	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E034B (12/02)

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

SIGNATURE: _____ ALEXANDER KRETSEDEMAS 04/05/03 954-791-1217
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #