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2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 03, 2001 8:00 am Secretary of State **DOCUMENT # K51701** 1. Entity Name EXECUTIVE CATERERS NORTH, INC. 04-03-2001 90056 036 ***150.00 Principal Place of Business Mailing Address 6261 SW 18TH ST 6261 SW 18TH ST BOCA RATON FL 33433 **BOCA RATON FL 33433** 2. Principal Place of Business 3. Mailing AddressSuite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0090385 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FRIEDMAN, STUART Street Address (P.O. Box Number is Not Acceptable) **6261 SW 18TH STREET BOCA RATON FL 33433** Zip Code City 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 __FILE NOW!!! FEE IS \$150.00... -9. This corporation is eligible to satisfy its Intangible. 10. Election Campaign Financing \$5:00 May Be Tax filing requirement and elects to do so After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition ☐ Delete TITLE TITLE Change HEIKEN, SCOTT NAME NAME STREET ADDRESS STREET ADDRESS 5100 SHERIDAN ST. CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL Delete TITLE ☐ Change ☐ Addition TITLE FRIEDMAN, STUART NAME NAME STREET ADDRESS STREET ADDRESS 5100 SHERIDAN ST. CITY-ST-7IP CITY-ST-ZIP HOLLYWOOD FL ☐ Change ☐ Addition Delete TITI F TITLE NAME KAUFMAN, ERIC NAME STREET ADDRESS 5100 SHERIDAN ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL TITLE ☐ Delete ☐ Change ☐ Addition NAME -TABATCHNICK:-ANDREW--NAME. STREET ADDRESS STREET ADDRESS 5100 SHERIDAN ST. CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Detete Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 Block 12 if of the corporation or the receiver or trustee empowered to execute this special that changed, or on an attachmen with an address, with all other like empowered. Strat