

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **K62567**

1. Entity Name
VIP CATERERS OF BOCA RATON, INC.



FILED

04 JAN 27 PM 2:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**2200 YAMATO ROAD
BOCA RATON NY 33434**

Mailing Address
**2200 YAMATO ROAD
BOCA RATON NY 33434**



2. Principal Place of Business

11042 Blue Coral Dr.
Suite, Apt. #, etc.

3. Mailing Address

40 POVOL & Felman, CPA, PC
Suite, Apt. #, etc.
1981 Marcus Ave, C 100

REINSTATEMENT 03-04
CHECK HERE IF MAKING CHANGES

City & State

BOCA RATON, FL

City & State

LAKE SUCCESS, N.Y.

4. FEI Number **11-2977277**

Applied For
Not Applicable

Zip **33498**

Country **USA**

Zip **11042**

Country **USA**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C CORPORATION SYSTEM
100 S. PINE ISLAND ROAD
TATION FL 33324

George Stern
4545 Coquina Rd.
Ocean Ridge, FL
33435

Name **GEORGE STEIN**
Street Address (P.O. Box Number is Not Acceptable)
4545 COQUINA RD
City **OCEAN RIDGE** **FL** Zip Code **33435**

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

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STEIN, GEORGE 11042 BLUE CORAL DRIVE BOCA RATON FL 33498	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
000024641620 11/13/03--01054--010 **750.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
000024641620 01/30/04--01003--005 **150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/28/03

Daytime Phone #

CR2E034 (4/03)