

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0094289 AV


FILED

04 JAN 27 PM 2:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K62567

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



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

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



REINSTATEMENT 03-04
CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
11042 Blue Coral Dr.

3. Mailing Address
**40 POVOL & Felman, CPA, PC
1981 Marcus Ave, C 100**

City & State
BOCA RATON, FL

City & State
LAKE SUCCESS, N.Y.

Zip
33498

Country
USA

Zip
11042

Country
USA

4. FEI Number **11-2977277**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SYSTEM
100 S. PINE ISLAND ROAD
TATION FL 33324

George Stern
4545 Coquina Rd.
Ocean Ridge, FL
33435

7. Name and Address of New Registered Agent

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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

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: _____ DATE: **10/28/07** Daytime Phone # _____

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (4/03)