

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90192 010 ***150.00

DOCUMENT # K62567

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



Principal Place of Business
~~C/O GEORGE STEIN~~
4545 COQUINA WAY
OCEAN RIDGE, FL 33435

Mailing Address
~~C/O GEORGE STEIN~~
4545 COQUINA WAY
OCEAN RIDGE, FL 33435

50017267



2. Principal Place of Business
c/o POVOL AND FELDMAN CPA PC

3. Mailing Address
c/o POVOL AND FELDMAN CPA PC

Suite, Apt. #, etc.
1981 MARCUS AVE, STE C100

Suite, Apt. #, etc.
1981 MARCUS AVE, STE C100

04212006 Chg-P CR2E034 (11/05)

City & State
LAKE SUCCESS, NEW YORK

City & State
LAKE SUCCESS, NEW YORK

4. FEI Number
11-2977277

Applied For
Not Applicable

Zip
11042

Country

Zip
11042

Country

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

6. Name and Address of Current Registered Agent

STEIN, GEORGE
4545 COQUINA RD
OCEAN RIDGE, FL 33435

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

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
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	STEIN, GEORGE	
STREET ADDRESS	11042 BLUE CORAL DRIVE	
CITY-ST-ZIP	BOCA RATON, FL 33488	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Stein, George	
STREET ADDRESS	c/o Povol and Feldman CPA PC	
CITY-ST-ZIP	1981 Marcus Ave, C100, Lake Success, NY 11042	
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 exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #