

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000016289

1. Entity Name

BLUE SKY CATERING COMPANY LLC

Principal Place of Business

180 ISLE OF VENICE #203  
FT. LAUDERDALE FL 33301

Mailing Address

180 ISLE OF VENICE #203  
FT. LAUDERDALE FL 33301

2. Principal Place of Business

1424 Madison ST

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 223815

Suite, Apt. #, etc.

City & State

Hollywood FL

Zip

33019

Country

U.S.A

City & State

Hollywood FL

Zip

33022

Country

U.S.A

4. FEI Number

65-1066550

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CRAIG, ELIZABETH M  
180 ISLE OF VENICE #203  
FT. LAUDERDALE FL 33301

7. Name and Address of New Registered Agent

Name CRAIG, ELIZABETH M

Street Address (P.O. Box Number is Not Acceptable)

1424 Madison ST

City HOLLYWOOD

FL

Zip Code

33019

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]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

8/17/01

DATE

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State  
Due By September 26, 2001

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM  
NAME WARDENSKI, TIMOTHY  
STREET ADDRESS 180 ISLE OF VENICE #203  
CITY-ST-ZIP FT. LAUDERDALE FL 33301 ☐ Delete

TITLE MGRM  
NAME CRAIG, ELIZABETH  
STREET ADDRESS 180 ISLE OF VENICE #203  
CITY-ST-ZIP FT. LAUDERDALE FL 33301 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE MGRM  
NAME WARDENSKI, TIMOTHY ☒ Change ☐ Addition  
STREET ADDRESS 1424 Madison ST  
CITY-ST-ZIP HOLLYWOOD FL 33019

TITLE MGRM  
NAME CRAIG, ELIZABETH ☒ Change ☐ Addition  
STREET ADDRESS 1424 Madison ST  
CITY-ST-ZIP HOLLYWOOD FL 33019

TITLE  
NAME 300004603303-8  
STREET ADDRESS -09/20/01-01095-004  
CITY-ST-ZIP \*\*\*\*\*50.00 \*\*\*\*\*50.00 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

*[Signature]*

SIGNATURE REQUIRED

8/17/01

Date

954647-5993

Daytime Phone #

STAMP CHECK HERE

0002790

FILED

01 SEP 10 PM

SECRETARY OF STATE  
TALLAHASSEE, FL



DO NOT WRITE IN THIS SPACE

CR2E083 (5/01)